

AND...

Nurse Candidates in Fall Elections 'A Life in Health Care, Public Service, and Social Justice' – Rosa Franklin Biography
New WSNA Regions / Districts Washington Center for Nursing Issues Report on Workforce Characteristics

THE WASHINGTON NURSE MAGAZINE

SPRING/SUMMER 2020

A PUBLICATION OF THE WASHINGTON STATE NURSES ASSOCIATION / VOLUME 50, NO. 2

THE COVID-19 PANDEMIC

WSNA'S RESPONSE
CRISIS STANDARDS OF CARE
DON'T CALL ME HERO

LONG TERM CARE

MYTHS BUSTED
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Honor a Nurse! Your nurse honoree
will be recognized on the American
Nurses Foundation website and
will be nominated for Nurse of the
Year. ANA will make the required
\$25 donation on your behalf.

A close-up photograph of a blue polo shirt with white buttons. The shirt is centered in the frame, with the collar and the first three buttons visible. The fabric has a fine, textured weave. The background is a solid dark blue.

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THE COVID-19 PANDEMIC

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THE WASHINGTON NURSE MAGAZINE

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The information in this magazine is for the benefit of WSNA members. The Washington Nurse provides a forum for members of all specialties and interests to express their opinions. Opinions expressed in the magazine are the responsibility of the authors and do not necessarily reflect the opinions of the officers or membership of WSNA unless so stated.

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Information on advertising rates may be obtained from the WSNA website or by contacting Martin Hsiung at (206) 575-7979. Advertising is accepted on a first-come, first-served basis for preferred positions depending on space availability. WSNA reserves the right to reject advertising. Paid advertisements in The Washington Nurse do not necessarily reflect the endorsement of WSNA members, staff or the organization.

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WSNA welcomes the submission of manuscripts and artwork. Please contact Ruth Schubert at rschubert@wsna.org with submissions, article ideas or further questions. It is not the policy of WSNA to pay for articles or artwork.

DESIGNED AND PRINTED IN WASHINGTON STATE

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NURSES MAKE A DIFFERENCE!

This is a crisis unlike any we have faced in our lifetimes — a global pandemic. It has stressed our health care system and is forcing nurses to work in ways that go against so much that we have been taught about infection control.

Our front-line nurses in emergency departments, urgent care facilities, hospital units and triage areas have stepped up to care for our patients and each other during the national emergency of the coronavirus. This is a crisis unlike any we have faced in our lifetimes — a global pandemic. It has stressed our health care system and is forcing nurses to work in ways that go against so much that we have been taught about infection control.

WSNA leadership has been coordinating the response to COVID-19 with Washington's Department of Health, local public health jurisdictions and, of course, our members. We have been working tirelessly with federal and state partners, and we're advocating for your needs with employers. WSNA is working to provide nurses with the most up-to-date answers to frequently asked questions and connecting you with resources. We will continue to support and encourage each other.

Our long-term care communities have taken a big hit, and we want to support you, our colleagues and health care providers in this arena. Long-term care nursing is a growing sector, and WSNA is committed to furthering and supporting registered nurses working in long-term care. This issue of The Washington Nurse includes a section on long-term care nursing practice. I am excited that WSNA is taking the lead on educating members about the contributions our community-based and long-term care providers make to their residents, their profession and the community.



Our nurses have the responsibility and challenge to promote health and wellbeing and prevent illness and injury of the older adult and disabled child. They are dedicated to the families and other caregivers.

Long-term care covers many different care settings, including skilled nursing facilities, assisted living communities, adult family homes and pediatric long-term care. It is a sector that continues to grow as people look for community-based options that meet their medical care and assisted living needs.

We all know these communities, which have skilled and professional nurses, are a necessary link in the continuum of care. The Washington State Nurses Association has established a task force to study community-based and long-term care issues. This work began before the coronavirus pandemic hit and will continue after we have responded to the COVID-19 crisis.

We honor the nurses in long-term care facilities, public and community health, and hospitals around the state who are working on the front lines of the crisis in these challenging times.

Thank you for all each and every one of you does every day to care for patients and communities.

YES — Nurses Make a Difference!

Lynnette Vehrs

Lynnette Vehrs, MN, RN
WSNA President



THIS YEAR, WSNA ADDS A NEW CLASS OF NURSE LEADERS TO THE WASHINGTON STATE NURSES HALL OF FAME — OUR HIGHEST HONOR.

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READ ABOUT THEIR MANY ACHIEVEMENTS AND CONTRIBUTIONS TO THE NURSING PROFESSION AT [WSNA.ORG/HALL-OF-FAME](https://www.wsna.org/hall-of-fame).

WASHINGTON STATE **NURSES** ASSOCIATION



While a bit delayed due to this emergency, we have adapted this edition to share the actions taken by WSNA in response to COVID-19 prior to the time we went to print while also maintaining and adapting our original focus on long-term care.

Prior to the emergence of COVID-19 in our state, we had already planned to focus an edition of *The Washington Nurse* on the issues facing nurses practicing in communities and long-term care settings. These are areas of nursing specialty that often go under-appreciated and under-recognized. Nurses outside of acute care face many of the same issues as those in acute care, such as safe staffing and workplace violence. But they also face different issues, such as a need for independence and enhanced interdependence in the practice environment.

WSNA has worked to connect with these nurses to better understand their work environments and see how we can best support them. In a recent effort, as you will read, we formed a task force and started the conversations.

Then, COVID-19 showed up... in a long-term care facility.

Five months ago, no one had anticipated the conditions we are living under at this time. As we worked to develop and adapt the content for this edition of *The Washington Nurse*, the situation continued to change and evolve — not just over time, but daily! While a bit delayed due to this emergency, we have adapted this edition to share the actions taken by WSNA in response to COVID-19 prior to the time we went to print while also maintaining and adapting our original focus on long-term care.

Since the outbreak, WSNA has been vocal and active in supporting the concerns of nurses in **every** practice setting. We have worked with many partners in the state, including SEIU, UFCW, Washington State Hospital Association, the Department of Health, the Governor's office, the American Nurses Association, the American Federation of Teachers and many others, to address the many needs and concerns of nurses and other health care workers.

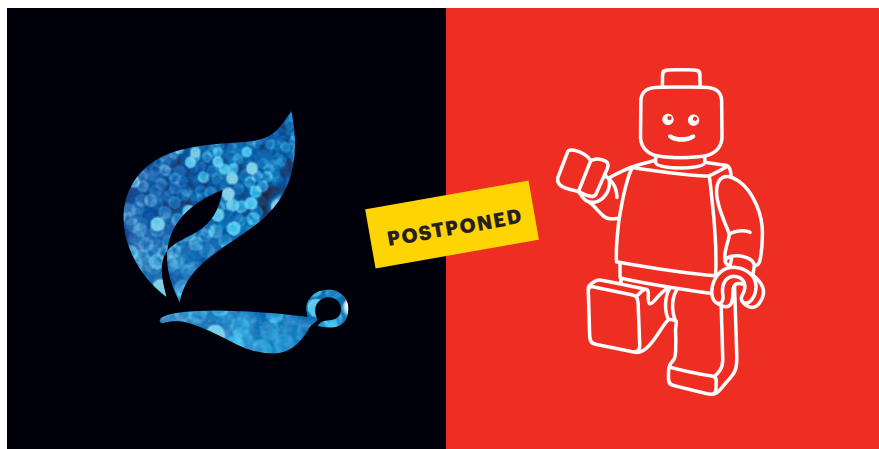
In this edition we share our work to date to address our members' needs during the COVID-19 crisis. We also speak to ongoing concerns related to adequate supplies, reopening surgeries and the evolving problem of furloughs and low census as hospitals attempt to fill budget holes. Many resources have been identified and links provided in this edition and on our website at wsna.org/covid19.

We want to strongly express gratitude and admiration for those who have worked and continue to work on the front lines providing care — you are the warriors and the heroes in this story. Your bravery and dedication in ALL areas of nursing practice are to be acknowledged and recognized. As *The Year of the Nurse and Midwife* has unfolded in 2020, you have once again stepped up and demonstrated you are the number one profession to be trusted. We honor each of you!

Sally Watkins

Sally Watkins, PhD, RN
WSNA Executive Director

NEWS BRIEFS



Hall of Fame celebration rescheduled to Aug. 6; Union Leadership Conference rescheduled to Nov. 8–10

In response to the Governor's stay-at-home orders, the following annual WSNA events have been rescheduled. We will be monitoring the situation to determine whether these events will be able to take place.

2020 Hall of Fame celebration: moved to Aug. 6.

The 2020 Washington State Nurses Hall of Fame inductees will be recognized at an online event on Aug. 6. Their photos and biographies can be found at <https://www.wsna.org/hall-of-fame> and will be published in the Fall 2020 edition of this magazine.

2020 WSNA Union Leadership Conference: moved to Nov. 8–10

Details: wsna.org/leadership

The safety of our members, honorees, guests and staff is always our highest priority. If you have any questions or concerns, please contact us at 206-575-7979 or wsna@wsna.org.

UPCOMING EVENTS

JULY 2020

- | | |
|-------|--|
| 8 | Occupational and Environmental Health and Safety Committee meeting |
| 10 | Cabinet on Economic and General Welfare meeting |
| 21 | Legislative and Health Policy Council meeting |
| 28–30 | AFT Convention |

AUGUST 2020

- | | |
|---|--|
| 3 | Long-term Care Task Force meeting |
| 6 | Washington State Nurses Hall of Fame celebration |
| 7 | Board of Directors meeting |

SEPTEMBER 2020

- | | |
|----|---|
| 25 | Cabinet on Economic and General Welfare meeting |
|----|---|

OCTOBER 2020

- | | |
|----|--|
| 10 | Professional Nursing & Health Care Council meeting |
| 23 | Finance Committee meeting |
| 23 | Executive Committee meeting |
| 26 | Constituent Representative Council meeting |
| 29 | Washington State Nurses Foundation Board of Trustees meeting |
| 30 | Bylaws Committee meeting |

NOVEMBER 2020

- | | |
|------|-----------------------------|
| 8–10 | Union Leadership Conference |
|------|-----------------------------|

ANA's SEE YOU NOW podcast showcases how nurses are using innovative solutions



The American Nurses Association launched a weekly SEE YOU NOW podcast series in January, showcasing how nurses are using innovative solutions to address today's most challenging health care problems.

Created in partnership with Johnson & Johnson, the series is hosted by Shawna Butler, a nurse economist and tech enthusiast, and Rebecca McNroy, an award-winning producer. Each episode features nurse innovators, nurse allies, and other leaders at the intersection of health who have developed unique devices, technologies, protocols and treatment approaches.

Topics covered so far include the following:

- How COVID-19 is shining a new light on nurses and the expanding role and reliance on technology to meet our collective health care needs.
- How telemedicine is putting eyes and ears on patients where they are during the COVID-19 pandemic while reducing the stress on hospital services.
- How games can be used to create behavioral change, improve health and learn new skills.

Access SEE YOU NOW wherever you get podcasts, including Apple Podcasts, Spotify and Stitcher. Learn more at www.nursingworld.org/SeeYouNow.



HEALWA: Evidence-based medical information you can trust

Staying current on evidence-based medical practices is crucial to nursing, particularly during the coronavirus pandemic as new information emerges each day. The digital library at heal-wa.org combines the convenience of a search engine with a massive collection of authoritative clinical research from the latest e-journals, databases and e-books.

All nurses licensed in Washington state have access to HEALWA. Created by an act of the Washington State Legislature in 2007 and administered through a collaboration between the University of Washington Health Sciences Library and the Washington State Department of Health, HEALWA is the only resource of its kind in the entire country. And for nurses, registering for a HEALWA account is free.

Registering takes about five minutes and requires your license number and the email address you use to communicate with the DOH. Just visit heal-wa.org and click "Getting Started."



Danielle O'Toole wins LifeCenter Northwest's Donation Champion Award

Danielle O'Toole, WSNA local unit chair and a nurse at MultiCare Tacoma General Hospital, received the Donation Champion Award from LifeCenter Northwest in May. O'Toole was chosen from a pool of the nonprofit organization's 2019 LifeSaver Award winners across a four-state area. The award is presented to one individual who demonstrates a commitment to improving donation outcomes and culture in their hospital through their actions, time and energy.

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SAVE THE DATE! April 28–30, 2021

We're moving to the Tacoma Convention Center in 2021!

CONFRONTING COVID-19

NURSES ON THE FRONT LINES



Nurses across the state have stepped up and cared for COVID-19 patients under extraordinarily difficult circumstances. From the first chaotic days when guidance and protocols seemed to change on a daily basis, through extreme shortages of PPE and a lack of testing, you have served, and you have cared.

While we honor your work and your dedication, we also know that it shouldn't be this way. You should not have to carry a single mask around in a paper bag. You should not have to clean and reuse PAPR shields until they crack or lose their seals. You should not have to fight for testing and paid leave to stay home if you get sick.

That is why WSNA has been fighting for you every day. We've pushed employers, public health officials and elected leaders for a wide range of policies and actions. We've lifted up the voices of members in the media and online to make our case. And all along the way our efforts have been based on the input we've received from members.



LIFE AS A CRITICAL-CARE NURSE IN THE AGE OF COVID-19

By Danielle O'Toole

APRIL 7, 2020

When I pull into my garage after my 13-hour shift, the first thing I do is strip off my scrubs. I throw everything I'm wearing into the washing machine, turn it to the sanitize setting and start it up. My shoes never come into the house. I walk through the house naked, straight to the shower, trying not to touch anything along the way.

I'm a critical care nurse in Pierce County. In the Intensive Care Unit (ICU), we have two patients at a time. It takes a lot of time and focus to care for patients in critical condition. These days, at least one of my patients is usually being treated for COVID-19.

So when I get home after 13 hours in the hospital, my first priority is to keep my house and my family safe.

My youngest daughter is usually waiting for me to get home. She's been home from school for several weeks now. Her older siblings watch her when I'm at work. But like everyone else, her routine has been interrupted, and she's trying to understand what's going on. She's a snuggler in normal times, and now she's desperate for some extra attention. It breaks my heart to tell her, "Don't touch me until I shower."

You know how you're scrubbing your hands more thoroughly than you ever have before? I need to do that to my whole body.

When I'm finally clean and she snuggles up next to me, I wonder if I scrubbed

hard enough and whether I'm already sick but just not showing symptoms.

That fear grows every time I go into work. Because every day, there are more patients with COVID-19 filling the beds.

This crisis is unlike anything I've seen in my 10 years as a critical-care nurse.

And as the number of patients with COVID-19 grows, we have fewer and fewer resources to keep ourselves safe while we treat them.

We don't have N95 masks anymore.

We're issued single-use surgical masks now. We're lucky that my hospital still has enough to give us one for each patient, but instead of disposing of them after each use, we have to keep each one for the full shift. We're supposed to hang them outside the door of each room now. But soon, like hospitals all over the state and around the country, we'll only have enough to give each of us a single mask per shift unless more supplies arrive.

The hospital says more N95 masks and surgical masks are on the way, but no one knows when, or how many.

Meanwhile, officials are telling us if the masks run out, we can just wear a bandana like some Wild West outlaw, and that "should" be enough to keep us safe.

Tell me: if the nurse caring for your mom or your grandpa was wearing a bandana instead of a mask, would you feel safe? How would you feel if your mom was in the ICU after a car wreck, and the nurse caring for her was wearing a bandana? What if you didn't know whether the nurse was sick?



Every day, the risk is higher and higher that health care workers will contract the virus while we're trying to save sick patients. We worry we're bringing it home to our own families. We worry that without proper PPE we could be cross-contaminating rooms.

I've already had multiple co-workers who had to self-isolate because they showed symptoms, but there's no clear protocol for testing — not even for health care providers. Without proper PPE or clear testing guidelines, nurses, therapists, doctors, techs, maintenance staff, certified nurse assistants, radiologists and the rest of our health care team will get sick.

If many of us get sick, the crisis will go from bad to worse quickly.

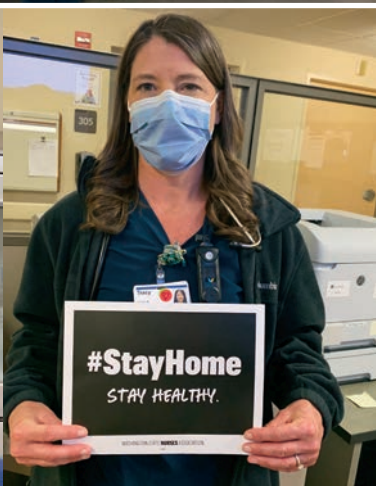
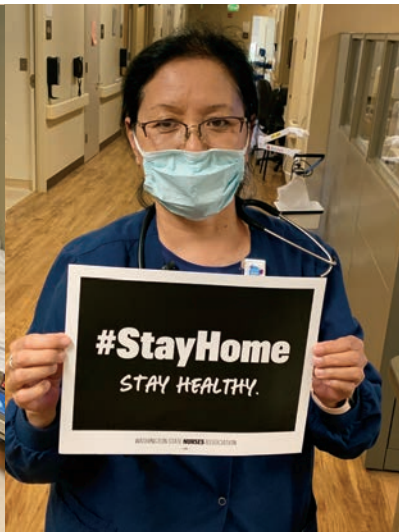
While we're fighting this pandemic, we still have to care for everyday emergencies. And those patients are at increasing risk, too.

Some days I have a COVID-19 patient on a ventilator in one room, and in the next room I'm caring for an 85-year-old grandfather who's just had a stroke. Without proper PPE, the risk that the infection follows me grows.

This isn't a tomorrow problem, or a next week problem. It's a right now problem.

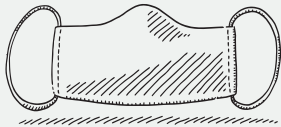
I've dedicated my life to this profession. Like so many others, I'm on the front lines. We're doing everything we can. But if we can't flatten this curve, our entire system will be overwhelmed. And if we can't get proper PPE to the front-line workers — not just nurses but everyone from doctors to janitorial staff — who keeps our hospitals running, caregivers will start getting sick, and then we're in real trouble.

Give us a fighting chance. Your family's life. Your life. My life. They all depend on it. ■





OUR NURSES DESERVE BETTER



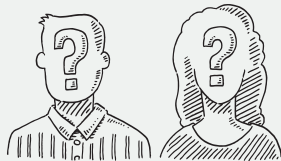
Required to use same respirator or facemask to care for multiple patients.



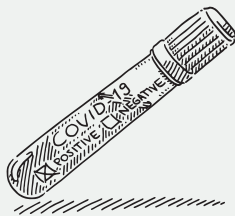
Required to use same respirator or facemask for an entire shift.



Reported PPE was locked up and inaccessible to staff.



Reported not being notified by their employer when exposed to COVID-19 patients.



Reported not having timely access to COVID-19 tests when requested.



Concerned or very concerned about transmitting COVID-19 to family.



Reported being stressed or very stressed during the COVID-19 crisis.

IN LATE MARCH AND EARLY APRIL, NEARLY 2,000 WSNA MEMBERS FILLED OUT OUR HEALTHY WORKPLACE SURVEY.

You told us that, even as hospitals were pushing to re-open elective surgeries, an overwhelming majority of WSNA-represented nurses were continuing to deliver care without sufficient PPE. You were continually operating in contingency or crisis capacity: masks worn for extended periods of times and between patients; masks reused — removed, stored and redonned — over a period of hours and sometimes days; respirators worn until breaking or becoming ineffective and face shields re-worn without proper cleaning according to manufacturer's recommendation.

WSNA took these results to public officials and issued a statement demanding that the ongoing, severe PPE shortage be addressed before hospitals restarted surgeries, potentially creating internal competition for a limited supply. As this issue of The Washington Nurse magazine went to press, Washington state was moving forward with reducing restrictions and the safe expansion of non-urgent medical and dental procedures under guidance issued by

Governor Jay Inslee. WSNA continues to monitor hospital availability and usage of PPE as required by the State.

WSNA FIGHTING FOR YOU

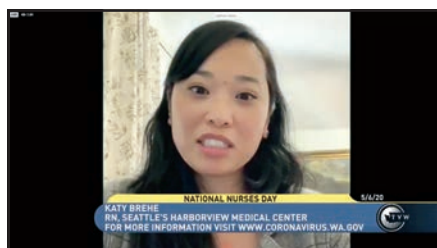
IN YOUR FACILITIES

We've worked with employers to secure new agreements, clear policies and resources for nurses. Where employers have fallen short, we've filed complaints with the Department of Health and Occupational Safety (DOSH) and other relevant bodies to hold employers accountable.

WSNA has negotiated Memoranda of Understanding (MOUs) at more than 20 facilities, covering members and providing conditions such as reassignment guarantees for nurses with higher risk factors and paid quarantine policies. We continue to negotiate at facilities around the state. Highlights of provisions achieved include:

- Paid administrative leave when quarantined.
- Immediate access to EIT/PTO.
- Timely notification (e.g., "within 8 hours," "as soon as possible") of exposure.
- Maintenance of health insurance if unable to work.
- Float premiums (\$4-\$10/hr).
- Additional bank of paid emergency time-off hours.

WSNA filed DOSH complaints at 10 facilities to hold employers accountable for unsafe working conditions stemming from issues such as inadequate PPE, improperly maintained equipment and insufficient cleaning procedures.

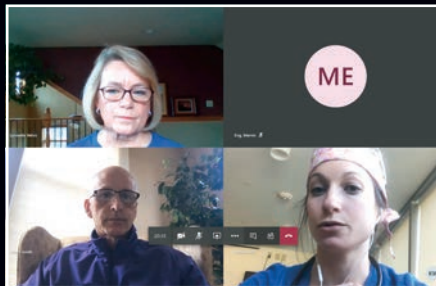
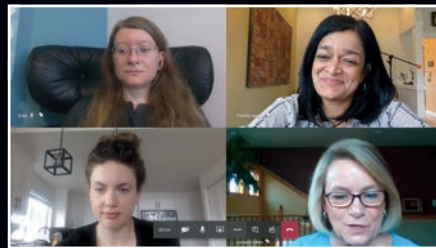


WITH PUBLIC OFFICIALS

WSNA's advocacy has helped move officials to act decisively in this crisis. As a result, Washington has flattened the curve faster and more effectively than many other states. Our public advocacy has included the following:

- Worked with Gov. Inslee to secure a proclamation protecting high-risk workers from dangerous assignments and guaranteeing alternate assignment or access to accrued leave and unemployment benefits where alternate assignment was unavailable.
- Worked with Gov. Inslee to issue new workers' compensation guidance, including assumption that COVID-19 exposure happened on the job and paid leave during any quarantine period.
- Fought to prevent the CDC from easing PPE requirements and other health and safety rules during the pandemic.
- Engaged the Department of Health and Vice Admiral Bono to secure shipments of PPE from the national strategic reserve, push for transparency in testing protocol and results, protection of vulnerable workers and other key issues.

- Secured a Hazard Alert from the department of Labor & Industries prohibiting the use of carcinogenic ethylene oxide in PPE decontamination processes.
- Worked with King County to secure free hotel rooms for nurses in King County who feared exposing family members in the absence of accessible testing.
- Used our childcare survey, completed by nearly 1,000 members, to engage public officials statewide to provide childcare options for nurses and other health care workers.
- Worked with our partner unions, especially UFCW 21 and SEIU Healthcare 1199NW, to push for public policy including hazard pay, appropriate PPE, childcare and housing and other critical issues our members have raised.
- Petitioned state and federal officials to protect and support nurses with adequate PPE, hazard pay, fair reassignment opportunities and other measures members asked us to fight for.
- Facilitated member conversations with their elected representatives in the Congressional Delegation.



WSNA MEMBER MEETINGS WITH CONGRESSIONAL DELEGATION

To support our efforts to get federal relief for members, WSNA set up video conference meetings with members of Congress. These listening sessions provided an opportunity for our congressional delegation to hear about nurses' experiences on the front lines of the COVID-19 pandemic.

During these meetings, nurses shared their experiences and concerns over lack of PPE, inadequate COVID testing, and — in light of these unsafe working conditions — the request for hazard pay.

As of mid-May, WSNA members had met with Congressman Derek Kilmer (7th CD), Congressman Adam Smith (9th CD), Congressman Dan Newhouse (4th CD), Congresswoman Suzan DelBene (1st CD), Congresswoman Pramila Jayapal (7th CD) and Congressman Denny Heck (10th CD).

As this issue of The Washington Nurse magazine went to press, Congress was continuing to discuss a fourth COVID stimulus package, to include funding for PPE, COVID-19 testing and hazard pay.



Christina Harrington, RN, accepts face masks from AFT organizer Zachery Seikel in Bellevue on May 20.



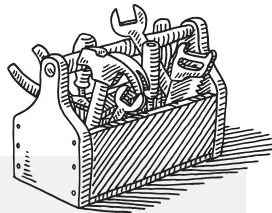
Tessa McIlraith, RN, school nurse and SNOW Legislative Committee Chair, practices social distancing with Congressman Rick Larsen (WA-2) during his visit to the Skagit COVID testing center on May 8. This testing center is largely staffed by school nurses.

WSNA FIGHTING FOR YOU

PROTECTING YOUR PRACTICE

Throughout this crisis, we've worked to ensure nurses have access to the information and resources you need and to protect nursing practice during this pandemic and beyond. WSNA produced resources and guidance to help members navigate the changing landscape during this challenging time, including:

- Regularly updated FAQs on key matters, from PPE accessibility to benefits and staffing issues.
- Webinars and videos to help members navigate available resources, access state programs and understand rules such as PPE accessibility, testing and personal safety.
- Resource pages to help nurses with workplace and personal issues, including cleaning and disinfecting procedures, psychosocial supports, parenting information and more.



COVID-19 RESOURCES

Find WSNA's comprehensive list of resources from the CDC, FDA, DOH, ANA, AFT and more at wsna.org/covid19. Topics include:

- Personal protective equipment (PPE)
- Affected workers: testing / return to work
- Affected workers: care for the caregiver / missed work
- Clinical care
- Cleaning and disinfection
- Psychosocial resources
- Parenting resources

MAJOR WIN TO PROHIBIT USE OF CARCINOGEN FOR PPE STERILIZATION

When WSNA heard that hospitals were considering using ethylene oxide, a known carcinogen, to clean face masks, we launched into action to put a stop to this cleaning process.

Nurses at some WSNA-represented facilities had reported respirators and face masks being collected for reprocessing using ethylene oxide to decontaminate.

The Federal Food and Drug Administration (FDA) has concluded that ethylene oxide is carcinogenic to humans and that exposure to ethylene oxide increases the risk of lymphoid cancer and, for females, breast cancer.

WSNA sent cease and desist letters demanding an immediate halt to the reusing of any face masks, including N95 and other respirators, that had been decontaminated by the ethylene oxide cleaning process. In addition, WSNA reported this hazard to Labor & Industries' Division of Occupational Safety and Health.

As a result of our advocacy, the Washington State Department of Labor & Industries issued a Hazard Alert on April 29 prohibiting the use of ethylene oxide for cleaning of face masks, including N95s, that included the following directive:

"Hospitals and clinics are required to use their ethylene oxide (EtO) sterilizer systems for their intended and manufacturer-approved purposes. EtO sterilizer systems must NOT be used to sterilize masks, respirators, PPE or items worn by humans."

WSNA FIGHTING FOR YOU

IN THE MEDIA

The voices of front line nurses have been critical at every step of the fight, and WSNA has worked to ensure that your stories are being told while working to protect you from retaliation. We've lifted up nurse voices in hundreds of media and online outlets — local, national and international — telling the real story of what's happening on the front line. Through the media, we've helped move public opinion and policy to benefit nurses and other essential workers. Here is a sampling of the hundreds of stories WSNA staff and members have appeared in.

THE SPOKESMAN-REVIEW: From shortages to furloughs, pandemic gives in-demand nursing profession a stress test (5/6/20)

KUOW: 'We're going to run out of masks': Health care workers push back on restarting elective surgeries (4/24/20)

KING5: Washington nurses call for more protective gear before restarting elective surgeries (4/23/20)

THE SEATTLE TIMES: Op Ed from WSNA executive director Sally Watkins: Silencing nurses and doctors will make the coronavirus crisis worse (4/3/20)

KEPR TV: "We are going to die," Kadlec nurse calls on federal government, businesses to provide PPE (4/3/20)

TACOMA NEWS TRIBUNE: Pierce County health care workers petition for hazard pay amid coronavirus crisis (4/1/20)

BLOOMBERG: Hospitals Tell Doctors They'll Be Fired If They Speak Out About Lack of Gear (3/31/20)

THE HILL: Hospitals threatening to fire workers for speaking out about coronavirus shortages: report (3/31/20)

FORTUNE: Hospitals tell doctors they'll be fired if they speak out about lack of gear (3/31/20)

NEW YORK DAILY NEWS: Health care workers warned they could lose jobs for speaking out amid coronavirus crisis (3/31/20)



PROPUBLICA: Expired Respirators. Reused Masks. Nurses in the Nation's Original Covid-19 Epicenter Offer Sobering Accounts of What Could Come. (3/28/20)

KAISER HEALTH NEWS: Seattle Nurses Scrounge For Masks To Stay Safe On Pandemic's Front Lines (3/23/20)

CROSSCUT: Coronavirus turns Seattle into America's laboratory (3/18/20)

KING5: Washington nurses concerned for health as hospitals face mask shortages (3/11/20)

THE SPOKESMAN-REVIEW: Washington health officials depart from CDC guidelines on protective equipment amid coronavirus outbreak (3/7/20)

MOTHER JONES: Nurses Are Raising Red Flags About Hospitals' Coronavirus Response (3/5/20)

BECKER'S HOSPITAL REVIEW: Washington state nurses seek greater transparency about coronavirus, union says (3/5/20)

#SILENCEKILLS

When Dr. Ming Lin, a longtime emergency room physician at PeaceHealth St. Joseph Medical Center in Bellingham, was fired for speaking out about the lack of PPE in his hospital, WSNA immediately released a statement of support.

We spoke to reporters around the world about the problem of silencing nurses and other health care workers who were working on the front lines without the protective equipment and protocols they needed. Our executive director, Sally Watkins, penned a guest column in The Seattle Times.

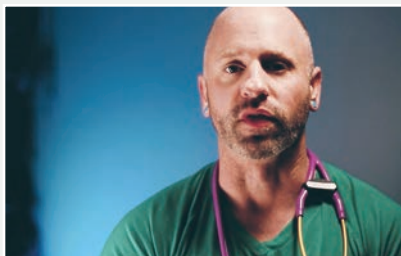
Then, we launched the #SilenceKills campaign on social media to highlight the severe PPE shortage and nurses' inability to speak out for fear of retaliation from their employers.

Adam Halvorsen, a registered nurse at Kadlec Regional Medical Center in the Tri-Cities and a member of WSNA's Board of Directors, produced a video viewed by tens of thousands of people.

Adam is a Marine who was deployed to Iraq and has worked as a firefighter and first responder, all roles where proper PPE helped keep him safe.

"As nurses and health care providers, we should not be expected to face this pandemic without proper personal protective equipment (PPE)," Adam said in the video. "Now is the time to speak up, because #SilenceKills."

WSNA members around the state shared photos of themselves with #SilenceKills signs, and member leaders spoke to the media about the dire need for more PPE. WSNA continues to raise your concerns and your voices in the media and in social media about the conditions you face.



CONTINUING THE FIGHT FOR MEMBERS

We're proud of the wins we've achieved through solidarity and hard work, but we know that there are still significant issues facing our members across the state. Our team will continue to work to protect your health and safety, to win hazard pay and other recognition for your work and to uplift the stories of your contributions to our state and our country. ■

What are “Crisis Standards of Care”?

By Sally Watkins, PhD, RN
WSNA Executive Director

During the COVID-19 crisis, planning has included examining Crisis Standards of Care in the event the health care system is overwhelmed by the volume and needs of patients. Washington state has to date successfully flattened the curve, and the potential need for surge capacity was not realized although lack of adequate PPE and concerns about the reuse of PPE continue to be a major concern. While Washington state has not needed to implement Crisis Standards of Care, a second surge of COVID-19 cases could require our state officials to revisit these standards.

In the event of a large-scale disaster, either a no-notice event such as a natural disaster or a prolonged situation such as a pandemic like COVID 19, there is potential for an overwhelming number of critically ill or injured patients. In these situations, certain medical resources may become scarce. Prioritization of care may need to be considered. The surge in medical care needs is a complex event, and the response needed is equally complex. In an effort to better manage this surge in care needs, it is essential to have an overall guiding framework.

In 2009, the Institute of Medicine (now the National Academy of Medicine) published a landmark report, “Guidance for Establishing Crisis Standards of Care for Use in Disaster Situation: A Letter Report.” In this report, Crisis Standards of Care was defined as follows:

“A substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g. pandemic influenza) or catastrophic (e.g. earthquake, hurricane) disaster. This change in the level of care delivered is justified by specific circumstances and is formally declared by a state government in recognition that crisis operations will be in effect for a sustained period. The formal declaration that crisis standards of care are in operation enables specific legal/regulatory power and protections for healthcare providers in the necessary task of allocating and using scarce medical resources and implementing alternate care facility operations.”

A framework for managing surge capacity was defined as a continuum from conventional to contingency, and finally crisis:

“CONVENTIONAL CAPACITY: The spaces, staff, and supplies used are consistent with daily practices within the institution. These spaces and practices are used during a major mass casualty incident that triggers activation of the facility emergency operations plan.

“CONTINGENCY CAPACITY: The spaces, staff, and supplies used are not consistent with daily practices but provide care that is functionally equivalent to usual patient care. These spaces or practices may be used temporarily during a major mass casualty incident or on a more sustained basis during a disaster (when the demands of the incident exceed community resources).

“CRISIS CAPACITY: Adaptive spaces, staff, and supplies are not consistent with usual standards of care, but provide sufficiency of care in the context of a catastrophic disaster (i.e., provide the best possible care to patients given the circumstances and resources available). Crisis capacity activation constitutes a significant adjustment to standards of care.”

The Institute of Medicine also stressed the importance of an ethically grounded system to guide decision-making in crisis to ensure the most appropriate use of resources. These ethical principles are defined as:

- **FAIRNESS** – standards that are, to the highest degree possible, recognized as fair by all those affected by them — including the members of affected

communities, practitioners, and provider organizations – evidence-based and responsive to specific needs of individuals and the population.

- **DUTY TO CARE** – standards are focused on the duty of health care professionals to care for patients in need of medical care.
- **DUTY TO STEWARD RESOURCES** – health care institutions and public health officials have a duty to steward scarce resources, reflecting the utilitarian goal of saving the greatest possible number of lives.
- **TRANSPARENCY** – in design and decision-making.
- **CONSISTENCY** – in application across populations and among individuals regardless of their human condition (e.g., race, age disability, ethnicity, ability to pay, socioeconomic status, preexisting health conditions, social worth, perceived obstacles to treatment, past use of resources).
- **PROPORTIONALITY** – public and individual requirements must be commensurate with the scale of the emergency and degree of scarce resources.
- **ACCOUNTABILITY** – of individual decisions and implementation standards and of governments for ensuring appropriate protections and just allocation of available resources.

This framework has been nationally accepted and adopted and has been used in the development of various tools and products, including Scarce Resource

Cards (SRC), representing a specific resource critical to patient care that may become scarce during times of medical surge; Critical Care triage algorithms, including in-depth clinical consideration worksheets; and Triage Team Guidelines, including composition, roles and responsibilities.

The American Nurses Association also recently provided a guidance document on the issue of crisis standards of care for nurses:

Guidance to registered nurses

- “Professional nurses have a duty to care during crises like pandemics. Their employers and supervisors have a corresponding duty to reduce risks to nurses’ safety, plan for competing priorities like childcare, and address moral distress and other injuries to personal and professional integrity such crisis events can cause.
- “No crisis changes the professional standards of practice, Code of Ethics, accountability for clinical competence or values of the registered nurse. However, the specific balance of professional standards and crisis standards of care will be based on the reality of the specific situation, such as the presence or absence of necessary equipment, medications or colleagues.
- “Decision-making during extreme conditions can shift ethical standards to a utilitarian framework in which the clinical goal is the greatest good for the greatest number of individuals, but that

shift must not disproportionately burden those who already suffer health care disparities and social injustice. Sacrifices in desired care must be fairly shared. This means that care decisions are not about “the best that can be done” under normal conditions. They are necessarily constrained by the specific conditions during the crisis.

- “ANY move to crisis standards of care **MUST** be done within the institution’s response structure and ideally in collaboration with other health care professionals, policymakers and the community.
- “Registered nurses may be asked to delegate care to others, such as students, staff displaced from another institution, or volunteers. This will require a rapid assessment of the skills of the others available to assist in patient care. Nurses must continue to emphasize patient safety and appropriate delegation.
- “An increased reliance on a nurse’s own or the collective accumulated competence may be needed, as the usual range of colleagues, experts or support services may not be available.” ■

More information can be found at:

https://nwhrn.org/wp-content/uploads/2020/03/Scarce_Resource_Management_and_Crisis_Standards_of_Care_Overview_and_Materials-2020-3-16.pdf

<https://asprtracie.hhs.gov/technical-resources/63/crisis-standards-of-care>

LONG TERM CARE

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Liability risks for nurses working in
long-term care settings





Long-term care is a growing field in nursing, and the challenges are growing alongside the demand. Our original goal in this issue of The Washington Nurse Magazine was to examine the challenges facing long-term care, explore a vision for what it can be and celebrate the contributions of the thousands of Washington nurses who are the backbone of the long-term care system.

Since Life Care Center in Kirkland became Ground Zero for coronavirus in the United States, the pandemic has exposed many of the significant, systemic challenges facing this critical system.

According to the New York Times, residents and staff at nursing homes and other long-term care facilities accounted for one-third of all coronavirus deaths in the United States as of May 11, 2020. Across 7,700 facilities, tests have confirmed over 153,000 cases, with many more doubtless unconfirmed. Long-term care facilities are prime vectors for contagious disease, and the elderly and medically fragile patients in these settings are at extremely high risk.

The crisis poses another set of challenges for those providing in-home care and the families who rely on them. Families and nurses alike must balance the risk of infection against the needs of patients in in-home care settings — a choice made all the more difficult by the medically fragile nature of the patients in need and limited personal protective equipment for caregivers.

The pandemic may cast a new light on the issue, but long-term care has been too-often overlooked by policy makers in the United States for years. Like our entire health care system, the demands created by a for-profit system put nurses in an impossible position all too often, and caregivers are consistently stretched thin and under-resourced as they care for those with long-term needs.

Meanwhile, nurses whose work is supported by public funding are often under-compensated, with few or no benefits and little institutional support for their critical work.

When we have contained this pandemic, we must all continue the work to support and advocate for the nurses who work in long-term care to receive the support and resources to care for themselves and the patients they serve.



LONG-TERM CARE / OVERVIEW

LONG-TERM CARE NURSING IN WASHINGTON

By Pam Pasquale

Long-term care covers many different care settings, including skilled nursing, assisted living facilities and adult family homes. It is a sector that continues to grow as people look for community-based options that meet their medical care and assisted living needs. And the need for long-term care is

only expected to grow. The U.S. Congressional Budget Office estimates that by 2050, one-fifth of the total U.S. population will be 65 or older, up from 12% in 2000 and 8% in 1950.

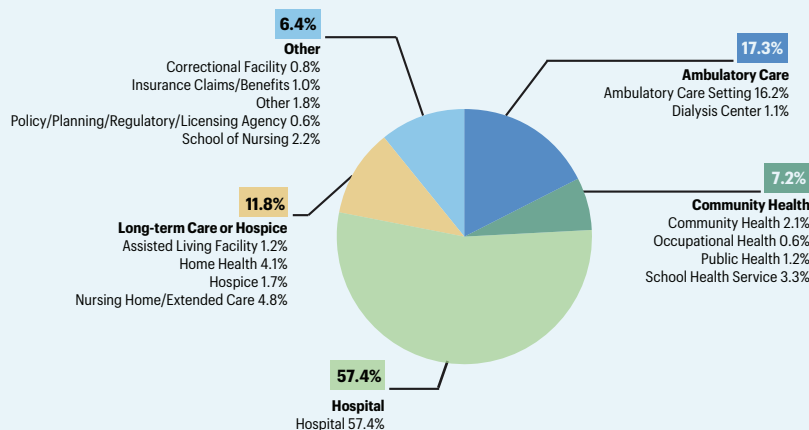
As of January 2020, the Washington State Department of Social and Health Services' roster of licensed communities included 209 skilled nursing

facilities, 540 assisted living facilities and 3,135 adult family homes. Together, they serve more than 67,000 people.

Without skilled, professional nurses, alternative care community options would not be successful.

In 2018, the Washington Center for Nursing and the University of Washington Center for Health Workforce Studies conducted a survey with the goal of identifying practice areas and RN attitudes. The report focused on the approximately 63,122 RNs who were actively employed and practiced in Washington state. They found that nearly 12% worked in long-term care, which included assisted living facilities, home health, hospice and nursing home/extended care.

Work setting of RNs practicing in Washington



Missing data: 0.7% of respondents. Percent calculations do not include missing data.

Source: Washington Center for Nursing, "Washington State's Registered Nurse Workforce: Results of a 2018 Survey"

Skilled nursing

Most residents living in skilled nursing communities require direct nursing supervision because of complex health care related to multiple medical issues. In addition, according to the National Center for Health Statistics, 47.8% of nursing home residents were diagnosed with Alzheimer's disease or other dementia. Skilled nursing care is highly regulated, and nurses must assure that licensing requirements are met. The nurse's role includes extensive multi-system assessments and documentation of medical and social, memory loss and mental health behavior as well as skin health and falls. RNs oversee care staff and coordinate with health care providers, discharge planners/case managers and community partners. Resident needs may include wound care, IVs, injections, rehab, dialysis and hospice care. Nurses also oversee infection control, care staff CE and immunizations. Nurses must be present 24 hours a day.

Assisted living communities

Today, most assisted living communities offer an extensive menu of personal care services as well as health management. Communities devoted to seniors with memory loss are common throughout the state. Registered nurses and LPNs are now necessary to oversee services to assure the safety and appropriate care of community residents, and assisted living regulations have become complex. As the primary medical staff, nurses need comprehensive assessment skills and a current medical knowledge base in order coordinate complex resident medical needs. Nurses interact daily with community providers, health care providers, discharge planners/case managers and community partners. They coordinate with hospital case managers and discharge planners; individual resident health care providers; and home health, hospice and palliative care workers to allow residents to stay in their familiar surroundings with support.

Adult family homes

Adult family homes are licensed for up to six persons. The number of homes has grown substantially since 1995. A nurse may own one or several adult family homes and therefore can coordinate care similar to assisted living nurses although the majority of these homes do not have a licensed person who owns them or is the manager of record. With up to six residents, adult family home care can be more individualized, especially for residents with memory loss. Residents have the same complex health care issues as with other community settings.

Registered nurse delegators are an integral part of this system, and practice is regulated under Washington State law. The RN delegator visits the home frequently to assess residents for any medical changes and train caregivers to provide for those care needs within their licensure. The RN delegator constantly updates assessments and individual care plans as health care needs evolve.

Home care

Home care agencies employ RNs for hourly care, either paid privately or by insurance. Skilled home health services include wound care, patient and caregiver education, intravenous or nutrition therapy, administration of injections and monitoring serious illness and unstable health status. One such agency provides hourly care to pediatric populations who are on ventilators or have multiple complex care needs requiring almost hourly supervision to prevent complications and ongoing family or caregiver training. ■



Pamela Pasquale, MN, RN, has had a passion and experience in community based and long term care settings for over 30 years. She has advocated for issues related to these settings while serving as a member of the PNHC and Board of Directors.

WSNA Community-Based and Long-term Care Nurse Practice Task Force

This specialty task force was approved by the WSNA Board of Directors in 2018 to shine a light on the work being done by our registered nurse colleagues in this growing sector. Goals for the task force include the following:

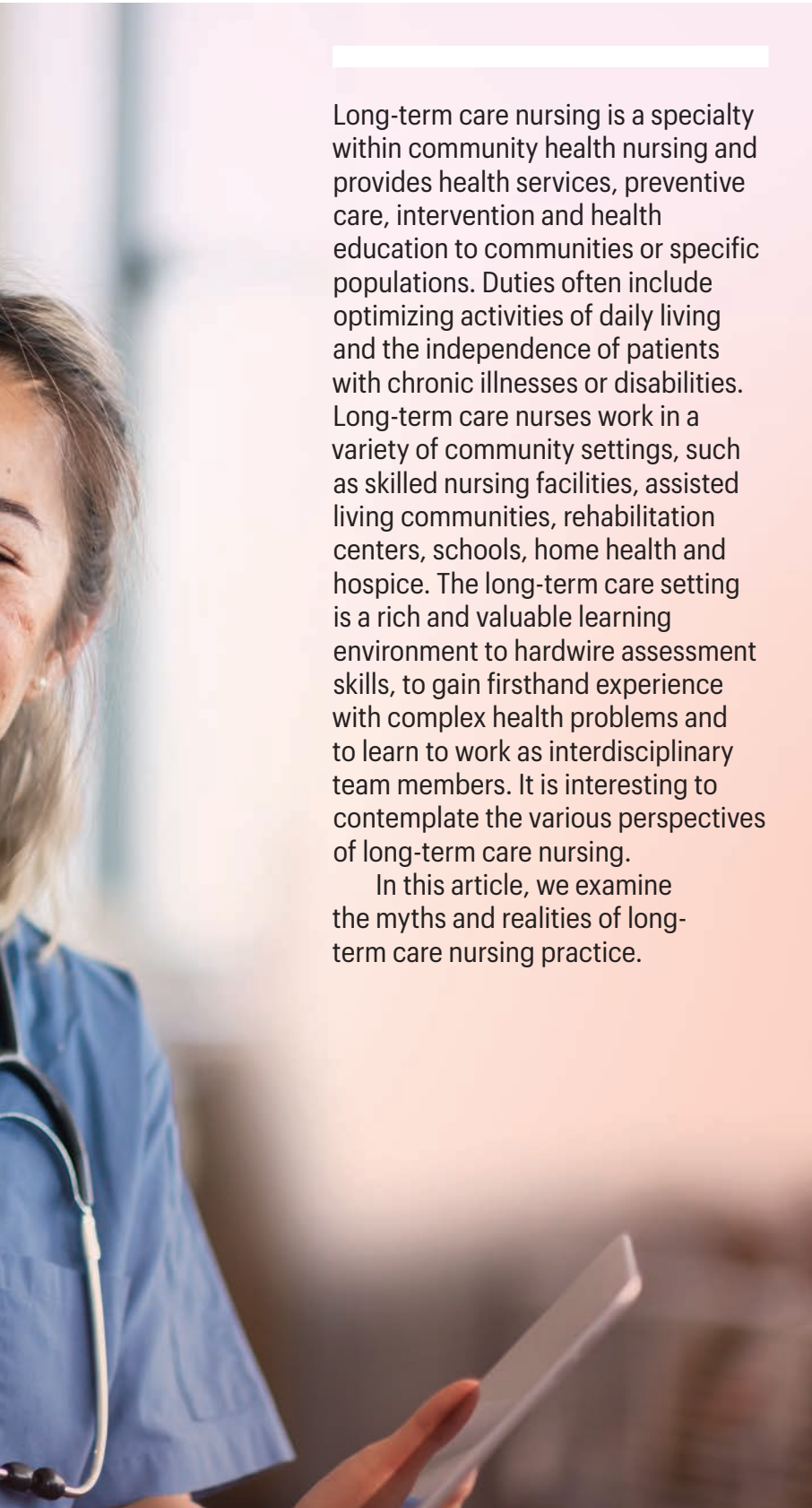
- Identify and address issues of importance to nurses working in long-term care settings.
- Increase awareness within WSNA and the broader nursing community about the opportunities of working in long-term care as a viable employment opportunity.
- Strengthen the transitional care processes between acute care settings and LTC community-based settings, considering the respective roles and responsibilities of acute care and LTC nurses.
- Work with the Washington State schools of nursing to better integrate LTC/skilled nursing care practice into the curriculum.
- Current task force members represent education, management, LTC practice, ER nursing and policy. To draw in a broad spectrum of views and experience, task force members are not required to be WSNA members.

Would you like to be a part of this work?

WSNA is seeking additional members of the Community-Based and Long-Term Care Task Force. To express your interest, email Sally Watkins at swatkins@wsna.org.

BUSTING MYTHS ABOUT LONG-TERM CARE NURSING

By Albert Munanga, DrBH, MSN, RN



Long-term care nursing is a specialty within community health nursing and provides health services, preventive care, intervention and health education to communities or specific populations. Duties often include optimizing activities of daily living and the independence of patients with chronic illnesses or disabilities. Long-term care nurses work in a variety of community settings, such as skilled nursing facilities, assisted living communities, rehabilitation centers, schools, home health and hospice. The long-term care setting is a rich and valuable learning environment to hardwire assessment skills, to gain firsthand experience with complex health problems and to learn to work as interdisciplinary team members. It is interesting to contemplate the various perspectives of long-term care nursing.

In this article, we examine the myths and realities of long-term care nursing practice.

MYTH 1 Long-term care requires less critical thinking

The thought that long-term care nurses are expected to think less clinically or critically than other nurses couldn't be further from the truth. Long-term care nurses must possess strong analytical and critical thinking skills and the ability to carefully examine clinical situations using the nursing process. These skills provide a crucial perspective that can make an immediate difference in the lives of their patients.

Consider the following example: A patient with a chronic cough had multiple diagnostic studies conducted to determine the underlying cause of the cough. The patient's care team could not find an answer. The assisted living registered nurse proposed that the potential cause of the chronic cough was a side effect of a blood pressure medication, Lisinopril. The registered nurse was correct, and the puzzle was solved. This example demonstrates strong critical thinking assessment skills that helped address a complex and costly problem. Nurses in the long-term care setting must maintain proficient medication knowledge, including drug dose calculations, drug management and pharmacology. Continuing professional education and training supports ongoing competency.

MYTH 2 Long-term care nursing is for older nurses

Asserting that long-term care nursing is for older nurses who can't keep up with a fast pace is misguided and false. Some people further suggest that long-term care nursing is the last stop before retirement. In fact, long-term care nurses often carry a significant case load while caring for patients of all ages, in different care settings, with multiple comorbidities.

For example, a long-term care nurse is often assigned to care for residents with a variety of stable and unstable comorbidities, such as congestive heart failure, dehydration, dysphasia, severe rheumatoid arthritis, irritable bowel syndrome and diabetes. While addressing patient needs and changes in condition, the registered nurse may also be scheduled to conduct an admission assessment for a patient coming from the hospital. To be able to effectively manage this workload, a long-term care nurse must be physically and intellectually fit and capable of multitasking and collaborating with stakeholders expeditiously.

The long-term care setting is a rich and valuable learning environment to hardwire assessment skills, to gain firsthand experience with complex health problems and to learn to work as interdisciplinary team members

Long-term care nurses are miracles of versatility.

MYTH 3 Long-term care is boring and less glamorous than other types of nursing

To provide a historical backdrop, in the United States at the start of the 20th century, long-term care housing was referred to as “poor-houses” or “poorfarms.” These terms create a dark image of places that often provided shelter to the indigent, mentally ill and criminals.

Nursing is a calling of the heart and must be appreciated as a unique and important specialization. The elderly and chronically ill desperately need the care and skills of registered nurses and deserve respect and compassion along with gratitude from the community for the life and liberty they have given to us.

For example, a typical retirement community today offers an abundance of living options, services and quality amenities along with engaging activities designed to make each resident’s long-term care living a new adventure. Residents who may otherwise be at risk for social isolation, poor access to nutrition or health care, or are at risk of becoming homebound suddenly have newfound independence, choices and a full, vibrant life thanks to the support from their long-term care team.

MYTH 4 Long-term care nurses work independently and not as part of a team

Long-term care nurses are miracles of versatility. They educate patients, nursing assistants, families and staff on matters such as infection control, medications, disease management and more. They coordinate care with hospitals, home health agencies, pharmacies and durable medical equipment companies, to name a few, while skillfully orchestrating care plans within an interdisciplinary framework. The long-term care nurse supports nursing assistant team members and collaborates with other clinical and non-clinical personnel, serving as vital leaders and team members.

For example, upon assessing a patient’s need for therapy (perhaps after multiple patient falls), a long-term care nurse will contact the patient’s primary care physician

to recommend therapy. The physician often agrees and places a written order, which the nurse provides to the patient’s preferred home health agency. The nurse then communicates the plan with the patient, family and other care stakeholders while remaining engaged with the patient’s care and therapy.

Serving as a coordinator, the nurse updates the patient’s family and provider as appropriate, collaborates with the home health agency, arranges for durable medical equipment and follows up on recommendations.

MYTH 5 Long-term care offers fewer opportunities for specialization

Long-term care nurses have the opportunity to specialize in areas such as education, IV therapy, wound care, diabetes management, leadership, regulatory compliance/policy and expert witnesses. Other areas of specialization include case management, infection control and chronic pain management.

A nurse can specialize in dementia care, for example, and may also choose to obtain additional training and certifications, along with ongoing continuing education, in additional areas of interest. This provides patients with access to nurses with multiple areas of expertise who are core members of a care team that provides a broad range of clinical and critical thinking support.

MYTH 6 Long-term care is only for LPNs, or for RNs with ADNs

Long-term care nursing welcomes those with various educational levels. It is common to find nurses with a broad spectrum of education, from licensed practical nurses to those with master’s and doctoral degrees.

For example, my organization has several nurses with bachelor’s degrees and master’s degrees in nursing. In addition, there are many licensed practical and associate’s degree nurses. Each nurse offers a different perspective that benefits patients and other members of their team.

MYTH 7 There are fewer opportunities for growth in long-term care

Long-term care nursing offers many opportunities for professional growth. With the aging population, the need for long-term care nurses with various specialties drives a hungry job market that seeks and rewards nurses who continue to grow their skills, education and specialties.

For example, a nurse might choose to become a general manager of a long-term care facility, such as a skilled nursing facility or assisted living community. His/her expertise and training serve as a valuable complement to the business and management skills necessary for such a role.

Whatever the choice of practice setting, the role of a long-term care nurse calls for careful attention to principles of health and strict adherence to prescribed plans of care. As a representative of the most trusted profession, nothing big or small is taken for granted, and a commitment to provide expert and compassionate care to all those who seek our service is required.

The American Nurses Association encapsulates what long-term care nurses do in the care of older adults, saying that care is focused on “wellness, health promotion, prevention of illness and injury, as well as keeping older adults physically and mentally healthy, functional, as independent as possible, and with optimal quality of life.” This can only be achieved by ensuring that nursing and other members of the care team are appropriately educated and deployed to care for this aging population. Nurses who serve in long-term care communities are committed to upholding these principles daily.

RECOMMENDATIONS

- Long-term care nurses must tell their own story, bring important work to the forefront and demonstrate and elevate the value of this specialty.
- Offer complete orientation and residency programs; provide mentorship in the long-term care setting to allow new graduates and other interested parties to have a firsthand experience.
- Address the disparities in salaries and benefits; provide competitive compensation packages to attract highly skilled and qualified nurses.
- Long-term care nurses associations should continue to advocate for better reimbursement rates to improve the financial health of long-term care facilities.
- Nursing associations should mount media campaigns to counter negative any media outlook on long-term care nursing.
- Long-term care nurses should continue offering high-quality care leading to positive outcomes and increased positive perceptions among consumer populations.

Long-term care nursing offers many opportunities for professional growth.

The elderly and chronically ill desperately need the care and skills of registered nurses and deserve respect and compassion, along with gratitude from the community for the life and liberty they have given to us.



Albert Munanga, DrBH, MSN, RN is the Regional Director of Health & Wellness at Era Living and Affiliate

Faculty at the University of Washington School of Biobehavioral Nursing and Health Informatics.

LONG-TERM CARE / PRIVATE-DUTY PEDIATRIC

KRISTIN KNUDSON, BSN, RN

By Catherine Van Son PhD, RN, ANEF

Kristin Knudson, BSN, RN is a private-duty pediatric nurse in Seattle. She is a graduate of the University of Washington Bothell, and a member of Sigma Theta Tau. She has been working one case for more than seven years.

There are growing numbers of children with medical complexities, those children with repeated and prolonged hospitalizations along with technology-dependence and multiple organ system involvement. According to the Centers for Medicare and Medicaid Administration, pediatrics is the fastest-growing segment of care in home health. The overarching goal of home health care is to optimize each child's health and function while minimizing recurrent or prolonged hospitalizations through the provision of comprehensive, cost-effective, family-centered health care rendered in a nurturing home environment.

Kristin's philosophy: Provide ways for children to thrive

Many nurses work private-duty pediatric cases, but little is known about their significant role in advocating and caring for a special population of children.

Children needing this care usually have four or more complicated health conditions and are technology dependent. Their care includes all routes of medication administration, parental nutrition, tracheostomy care, oxygen supplementation/monitoring, enteral feedings, peritoneal dialysis and ventilator dependency. These children are medically fragile, and their condition could change in seconds.

Children with these medical needs are eligible for 4-16 and sometimes 24 hours a day of licensed nursing care in-home although this varies from state to state. Thus, without a private-duty nurse these children could spend their lives in an institutional setting, such as the hospital or the few facilities capable of meeting their unique needs. Families who find themselves without nurses in the community run the risk of extreme exhaustion and job loss when delivering institutional-level care solely themselves.

These children can wait in the hospital past their eligible date of discharge when no private-duty nurses are available. While waiting in the hospitals, the children could be living at home. "While hospitals help the children sustain life, they don't provide a way for them to thrive," Kristin said. "This population of children is growing and will continue to grow, and they have the right to thrive in their homes with their families and local community."

What private-duty work looks like

The role of a private-duty nurse includes preventing medical complications that could result in facility placement, providing medically necessary nursing care to clients in their homes, providing care for clients transitioning to in-home care and assessing, providing and monitoring professional care for clients. No special training or credentialing is required, and nursing programs do not prepare new graduates to care for technology-dependent children by themselves (Foster, Agrawal & Davis, 2019).

Kristin shares she had three to four days of training that was primarily shadowing the nurse who was leaving. The work involves being acutely aware of what is always going on with the client. In addition to basic nursing care, private-duty nurses also attend to the psychosocial needs of the children, which can include accompanying them daily to school and community outings.

As a result of the technological advances that have been made and continue to be made, increasingly more private-duty nurses are needed for children, youth and adults who are medically complex/technology dependent.

What makes it hard

Kristin unfortunately works in isolation. She has other nurses she interacts with related to her client, but there aren't any staff in-services/meetings, nursing associations, journals or conferences in her area of work. Supports are lacking to advocate for this sector of nursing. In addition, with Medicaid most often the source of payment, it rarely compares with local prevailing wages (Foster, Agrawal & Davis, 2019). As a result, Kristin has one week of paid vacation each year, one week of sick leave, no shift or weekend differentials, no continuing education reimbursement and no retirement plan. She pays about 40% of her health insurance coverage, and in the past, nurses have found it difficult to get coverage for family. "The private-duty pediatric nurses I know are women," Kristin said. "We are experiencing the gender pay gap."

While care in-home is less expensive than hospital care, it should support a living wage with benefits for the skilled nurses. Policies to support private-duty nurses are urgently needed to safeguard the high quality of care for these children as well as assure the workforce has the nurses needed for this subset of vulnerable children with complex medical needs.

What makes it rewarding

Kristin said it is a rewarding job as she can provide comprehensive care for her client who is medically complex.

"These children can and do thrive," she says. But she knows many children won't have the opportunity so long as there are not enough nurses who are able to meet their needs given the unsustainable wages/benefits and lack of professional support. "It is a great job, I love my job, but it is hard to find nurses willing to take on this specialty when they don't have a sustainable wage, resources and support," Kristin said.



"WHILE HOSPITALS HELP THE CHILDREN SUSTAIN LIFE, THEY DON'T PROVIDE A WAY FOR THEM TO THRIVE"

Reference:

Foster, C.C., Agrawal, R.K., Davis, M.M. (2019). Home health care for children with medical complexity: workforce gaps, policy, and future directions. *Health Affairs* 38(6), 987-993. doi: 10.1377/hlthaff.2018.05531

LONG-TERM CARE / ASSISTED LIVING

ELLEN RABIDEAU, RN

Ellen Rabideau is Health Services Director of Prestige Senior Care of East Wenatchee, an assisted living community recently purchased by a company that owns several buildings.

In addition to the traditional role of the RN to assess and manage medical issues, the role requires a good amount of social work and case management. Critical thinking skills are essential for day-to-day symptom management as is an understanding of the developmental needs of the older population in order to provide age-appropriate care.

The role also requires providing ongoing instruction to the care team and residents, delegation of tasks to team members when the RN is not there and providing ongoing communication, documentation and coordination of services both in-house and out-of-community.

**Ellen's philosophy:
Provide holistic care**

Ellen is guided by the holistic care model and endeavors to meet every person's goal of living happy, healthy and well. She addresses their physical, mental and spiritual/emotional needs in close personal relationships.

"Being involved in the direct care of the residents allows us to build trusting relationships," Ellen said. "Getting to know the residents and their family members well, advocating for the residents when their conditions change, listening to the residents and helping them meet their needs and being available in times of need are invaluable to our work. Overseeing the entire care team allows us to offer continuity of care throughout all of the shifts."

Getting to know patients over time also gives Ellen and her colleagues the ability to see their needs clearly and advocate for interventions and treatment changes that can make a meaningful difference. She tells the story of a long-term care resident who suffered from a neurological condition that caused pain and tremors that were uncontrolled. "We were able to advocate for a supplement and appropriate medication changes that made an actual difference. The resident was relieved of these troubling symptoms through the end of his life."

How she got into long-term care nursing

Ellen's career in long-term care started a decade before she became an RN with a position doing activities in a small memory care community of about 20 residents. Later, she moved to Montana, where she worked at a small skilled nursing facility, first as a cook, then as dietary manager. She cross-trained as a CNA.

Ellen completed her associate's degree at Kankakee Community College in Illinois, one of the top accredited nursing programs in the state. Ellen was unsure which career path to take, and so when she was offered a position in an ICU upon licensure, she took it. She felt very fortunate to be mentored by her colleagues to develop the knowledge base and excellent assessment skills to manage current complex medical care.

Ellen was moved to return to working with older adults after caring for a patient in ICU who was given aggressive end-of-life treatments while the family supported and advocated for their loved one's end-of-life wishes. She decided to be an advocate for and learn more about working with older adults. Within a year, Ellen and her husband had moved back to Montana where she began working in a small facility and quickly advanced to Assistant Health Director. She and her husband have been in Wenatchee two years and she is now the sole nurse in her assisted living community. She oversees and coordinates the care of 42 older adults and roughly a dozen front-line team members.

What makes it hard

“Time is one big factor. As the RN, routine assessments of the residents must be completed as required by our assisted living contracts. But many of our residents experience changes of condition or hospitalizations between scheduled re-assessments. It’s a day-to-day endeavor of keeping caught up with each individual’s changing needs and keeping required documentation current. Plus having the time to support and train care team members, from continuing education to immunizations.”

What makes it rewarding

Relationship building. “In this setting, the care team and residents get to know each other on a familiar level,” Ellen said. “The families trust us to steward the care of their loved ones in their absence; this is an immense and joyful responsibility. There are lessons to be learned through inter-generational connectivity.”



“GETTING TO KNOW THE RESIDENTS AND THEIR FAMILY MEMBERS WELL, ADVOCATING FOR THE RESIDENTS WHEN THEIR CONDITIONS CHANGE, LISTENING TO THE RESIDENTS AND HELPING THEM MEET THEIR NEEDS AND BEING AVAILABLE IN TIMES OF NEED ARE INVALUABLE TO OUR WORK.”

LONG-TERM CARE / SKILLED NURSING

ROBERT BUTZERIN, BSN, RN

Robert Butzerin has a passion for the people he serves. He currently works as a manager in long-term care, supervising two large nursing units with 37 staff members and 42 residents, with one of the lowest staff turnover rates in Providence Home and Community Care.

Bob's philosophy: Lead from the front

Bob spends as little time in his office as possible and prefers direct care of the residents and mentoring his staff. "I figure if I am helping staff and residents, that can best be done out on the units," Bob said. "I view it as 'leading from the front as far forward as possible.' That's an old Army leadership doctrine, and I believe in it sincerely. I feel absolutely engaged in my work."

Bob admits he had turned the management job down several times because he knew it was a very stressful, never-ending job that involved a lot of diplomacy and time. He is glad he was talked into it. "I have never felt so needed in all my life!" he said. "Having done both acute and long-term care, I prefer long-term care because of the longer-lasting and meaningful relationships you can have with residents, and even staff."

How he got into long-term care nursing

Bob became an LPN at North Seattle Community College in a program sponsored by the U.S. Army Reserve in 1986. He had been serving as a combat medic in a reserve unit. "I had not planned to be a nurse at all, but it was a path to make Sergeant, so I accepted the offer," he said. "My nursing career has been very good to me."

Bob served in Army hospitals working a variety of types of units. He was on active duty for a year and a half for the second Gulf War and served at Madigan Army Medical Center. He joined "The Mount" (Providence Mount St. Vincent) in 1992 as an LPN after serving in the Gulf War. He went for his RN at Seattle Central Community College in 1998 and earned his BSN at Tacoma's UW campus part time in the evenings.

He has been with Providence Home and Community care for nearly 30 years, serving nine years as a staff nurse and 15 years in administration.

The work is a personal ministry for Bob. "This is one of these rare jobs where I feel needed and appreciated and look forward to coming to work every day," he said. "It is very emotionally satisfying work."

What makes it hard

Bob said the main barriers he encounters are time management and life balance. "I just have to be able to walk away at the end of the day, or even take a day off, knowing I may never get everything done," he said. "However, I know for sure my administrator and I both know and focus on what really matters most: retaining quality staff, keeping staff and residents safe and working to create an atmosphere people feel appreciated and good about working in."

What makes it rewarding

Much of Bob's job deals with end-of-life care, which is a large part of the mission. He says end of life is always a very stressful time for resident families who may have never been through it before. "Helping them learn how we can help ease the passing of their parent and give them a dignified death, surrounded by family and staff who love them, is very emotionally satisfying work," Bob said. "I am frequently left amazed by family and staff in these situations and enjoy playing a role in easing what might otherwise be unbearable. I remember being there with residents as they passed away, sometimes sitting with them alone, holding their hands and talking to them, sometimes standing, praying with and comforting grieving family members dozens of times, each time leaving an eternal impression on me. I really feel like it is God's work we are doing here, and this helps me act on my faith and values."




"I FIGURE IF I AM HELPING STAFF AND RESIDENTS, THAT CAN BEST BE DONE OUT ON THE UNITS. I VIEW IT AS 'LEADING FROM THE FRONT AS FAR FORWARD AS POSSIBLE.'"

REDUCING ERRORS THROUGH ELECTRONIC HEALTH RECORDS



By Tom Booze, RN

Tom Booze is an emergency room nurse at UW Medicine/Northwest Hospital and Medical Center.



As nurses, we recognize that long-term care is not merely a place people reside but also a status during their lives. While it is apparent that most people are in the care of others from birth to death, nurses especially focus on improving the outcomes for the patients, their families and the caregivers who reside within a long-term care paradigm.

I currently work as a nurse in an emergency room, focused on the acutely ill. A high percentage of our patients arrive from skilled nursing facilities, from adult family homes or from their own homes, where they may be cared for by family members or agency caregivers. It is very challenging to assess their needs as they frequently arrive without any details beyond their own recollection or those of emergency medical service responders. Medical histories, medication records and POLSTs (Physician Orders for Life-Sustaining Treatment) are frequently missing or absent from their records. If a family member accompanies, they sometimes have a copy of the durable power of attorney, but rarely is there a complete, up-to-date list of medications. Fortunately, pharmacy records are more likely to be in the patient's database than most other information. Written, let alone oral (via phone), handoffs from other RNs via SBAR (Situation Background Assessment Recommendation) are very rare. The best skilled nursing facilities follow up later, but usually, if information is missing, we must call the caregivers for clarification. Some patients arrive without any information, even lacking the name of the facility from which they came. All of this complicates and delays treatment.

It is rare for anyone in the health care system not to have their medical information in electronic form. Access to the patient's electronic health record should be available to those providing health care in appropriate settings. There are examples of such systems in place in other areas of the world. For example, Denmark has a centralized computer database accessible to 98% of primary care physicians, all hospital physicians and all pharmacists. Danish residents can gain access to their own records through a secure website. However, the country's health care is run by the public sector. Finland and the Netherlands have over 95% of citizen records available. Canada and Australia

have much greater geographic and cultural diversity of their residents, but both are making great strides. The National Health Service in the UK reportedly still has many platforms but is making progress toward a unified electronic health record system. Institutions of varying complexity could add elements to the chart based primarily on their needs and secondarily on their resources.

The federal government would be the appropriate leader to initiate a national electronic health records system. It would be a huge undertaking — of money and resources. One possible source of funding could be a tax on the pharmaceutical industry, especially since the database would potentially include up to 330 million patients. The centralized storage of records would require a valid and reliable design, created to reduce chances of hacking or being compromised. Limits on how the information could be accessed by industry and prohibitions of advertising on the platform would be necessary to ensure reliability, public buy-in and lack of bias for providers and consumers. Security, including adequate encryption, is vital and available using two-factor authentication.

In addition to information about health care provider visits and changes in medication records, it would be beneficial to include imaging, lab work, assessments and patient directives. All information could all be available and updated from any secured computer by a licensed health care professional using two-factor authentication.

There are many gains from such a system. A large complete record of all of us would be available wherever we travel or move in the U.S., making available:

1. Clear, concise directives by the patient or their legal representative.
2. Rapid access to the most recent data on the patient.
3. A complete, current medication list, including dosages.
4. The ability to quickly update the record for other health care providers.

The downside is cost and potential hacks to the system (minimized with two-factor authentication), and, politically, many people are worried about protecting their information and who has access to it. ■

CARING FOR AGING PATIENTS

LIABILITY RISKS FOR NURSES WORKING IN LONG-TERM CARE SETTINGS

By Jennifer Flynn, CPHRM
Risk Manager, Nurses Service
Organization (NSO)

This risk management information was provided by Nurses Service Organization (NSO), the nation's largest provider of nurses' professional liability insurance coverage for over 550,000 nurses since 1976. This individual professional liability insurance policy is administered through NSO and underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company. Reproduction without permission of the publisher is prohibited. For questions, send an email to service@nso.com or call 1-800-247-1500. www.nso.com.

CONSIDER THIS SCENARIO: A nurse working in a long-term care facility ignored the facility's policies and procedures on medication administration and gave a methadone injection to the wrong patient, which caused fatal respiratory arrest.

This case not only had a devastating outcome for the patient but also resulted in litigation against the nurse.

Nurses at legal risk

According to the most recent CNA/NSO claim report, "Nurse Professional Liability Exposures," nurses who worked in an aging services facility, inclusive of long-term care, accounted for 16.9% of all closed claims against registered nurses and LPNs/LVNs over the five years studied. The average paid indemnity for closed claims at this type of location was \$104,686.

Consider your patient population

Older patients are at an increased risk for negative outcomes due to changes in cognition, sensation, and physical condition. For example, loss of skin turgor makes older patients more susceptible to pressure injuries.

Older patients may often have to get up during the night to use the bathroom. Make sure pathways are clear of clutter, and a nightlight is present as a guide. Instruct patients who need help to call before trying to get up, and document this instruction in the medical record.

Sensory changes such as reduced vision and hearing means you must take special care with education. For example, provide education materials printed in a large font for a patient who has impaired vision.

Many older patients suffer cognitive changes such as memory impairment. You may need to create aids such as checklists to ensure they engage in proper self-care.

Prevent falls

Falls are a common yet largely avoidable source of both patient harm and litigation. While eliminating falls may not be a realistic goal, decreasing falls and mitigating the severity of fall-related injuries should remain a top priority for nurses in any health care setting. Over half of the falls in the NSO/CNA nurse claim report occurred in either the patient's home or an aging services facility when an unattended patient failed to comply with care-

giver instructions, attempted to self-transfer or self-ambulate, rejected assistance from staff or maneuvered into a wheelchair without assistance.

Nurses can help minimize falls and fall-related liability by following sound operational policies, environmental precautions and documentation practices, especially with respect to describing the patient's condition and the specific circumstances of the fall.


The following suggested actions can assist in reducing the liability associated with patient falls:

- Focus fall prevention programs and care plans on the locations of greatest risk, such as bedside, bathrooms and hallways.
- Encourage teamwork in the care-planning process. Include certified nursing assistants in order to benefit from their unique knowledge of patients and families.
- Assess the environment for potential hazards, make patients and families aware of any dangers and encourage environmental modifications as necessary.
- Educate patients and families about fall-related risks and preventive measures. Encourage patients and families to mitigate fall risks by addressing such issues as hydration, medication management and environmental safety.

No matter where you work, an important part of preventing falls is identifying patients at risk. Consider factors such as a history of falling, medications, comorbidities and physical condition. Many organizations have staff "huddle" at the start of the shift to discuss patient needs; this is a good time to identify those at risk for falls.

Document completely

Proper documentation is a key force in whether you can successfully defend yourself against a lawsuit. Document your patient care assessments, observations, communications and actions in an objective, timely, accurate, complete and appropriate manner. ■

A photograph of a woman in blue medical scrubs sitting on the floor, her head buried in her hands in a gesture of distress or exhaustion. The image is the background for the page.

RESOURCES

CNA and Nurses Service Organization. (2015). Nurse Professional Liability Exposures: 2015 Claim Report. Retrieved from www.nso.com/nurseclaimreport2015. Accessed January 8, 2019.

CNA and Nurses Service Organization. (2015). Risk Control Self-Assessment Checklist for Nurses. www.nso.com/nurseclaimreport2015. Accessed January 8, 2019.

LEGISLATIVE AND HEALTH POLICY

NURSES CAMPAIGNING IN A TIME OF CORONAVIRUS

In this election year, the pandemic has made one thing crystal clear: nurses are vitally important to the health of our communities. **We need nurses — in our hospitals, in our long-term care facilities, in our schools and in our state legislature.**

Stay-home orders have thrown state legislative campaigns into new territory — with candidates unable to hold events, meet their constituents at the door or present at town halls.

That hasn't stopped these two amazing WSNA-PAC-endorsed nurses from stepping up to run for the state legislature!

Washington state currently has only one nurse serving in the legislature, Rep. Eileen Cody. There is no nurse in the State Senate. We know we need nurses in the legislature so that when scope of practice, patient safety or bills dealing with working conditions arise, a nurse is on hand to explain the implications of potential policy changes. It is vital to the mission of WSNA to support and elect nurses.

Please learn more about the nurses running for office in 2020 — and contribute to their campaigns if you are able.



This article reflects nurses who received early endorsements from the WSNA-PAC prior to May 1, 2020.



WSNA MEMBER

Ingrid Anderson

Running for
State Senate

5th Legislative District
Issaquah, Snoqualmie,
North Bend

IngridforStateSenate.com

Ingrid Anderson is someone who steps up when there's a need. As an Emergency Department nurse, she took her hospital to arbitration over missed breaks — and won. She showed up in Olympia to testify in support of the breaks and overtime protections bill to ensure that all nurses across the state have access to the same breaks she does—and won. And now she's running for State Senate — and, with the support of the many groups and individuals who know she will fight for them, she is poised to win.

For nearly 30 years, Ingrid has called her district home. She graduated from Snoqualmie public schools and Bellevue College and earned a full scholarship to earn her bachelor's degree at UW Bothell. Following graduation, Ingrid worked in Overlake's Emergency Department and served as a Sexual Assault Nurse Examiner. Ingrid now works in Overlake's psychiatric department and is pursuing her master's degree to become a psychiatric nurse practitioner.

Now, Ingrid is ready to draw on all this experience to represent her community, and nurses and patients across the state, in Olympia. Ingrid has been a fierce advocate at the bedside, in her hospital, before the legislature — and now's she's ready to go to work as the only nurse in the State Senate.

Ingrid is endorsed by all three nursing and health care worker unions, by teachers and educators, by grocers and many more. She's earned these endorsements because they know that Ingrid will put working families first — something that is now more important than ever.



UFCW21 MEMBER

Suzanne Woodard

Running for House of
Representatives, Position 1

10th Legislative District
Issaquah, Snoqualmie,
North Bend

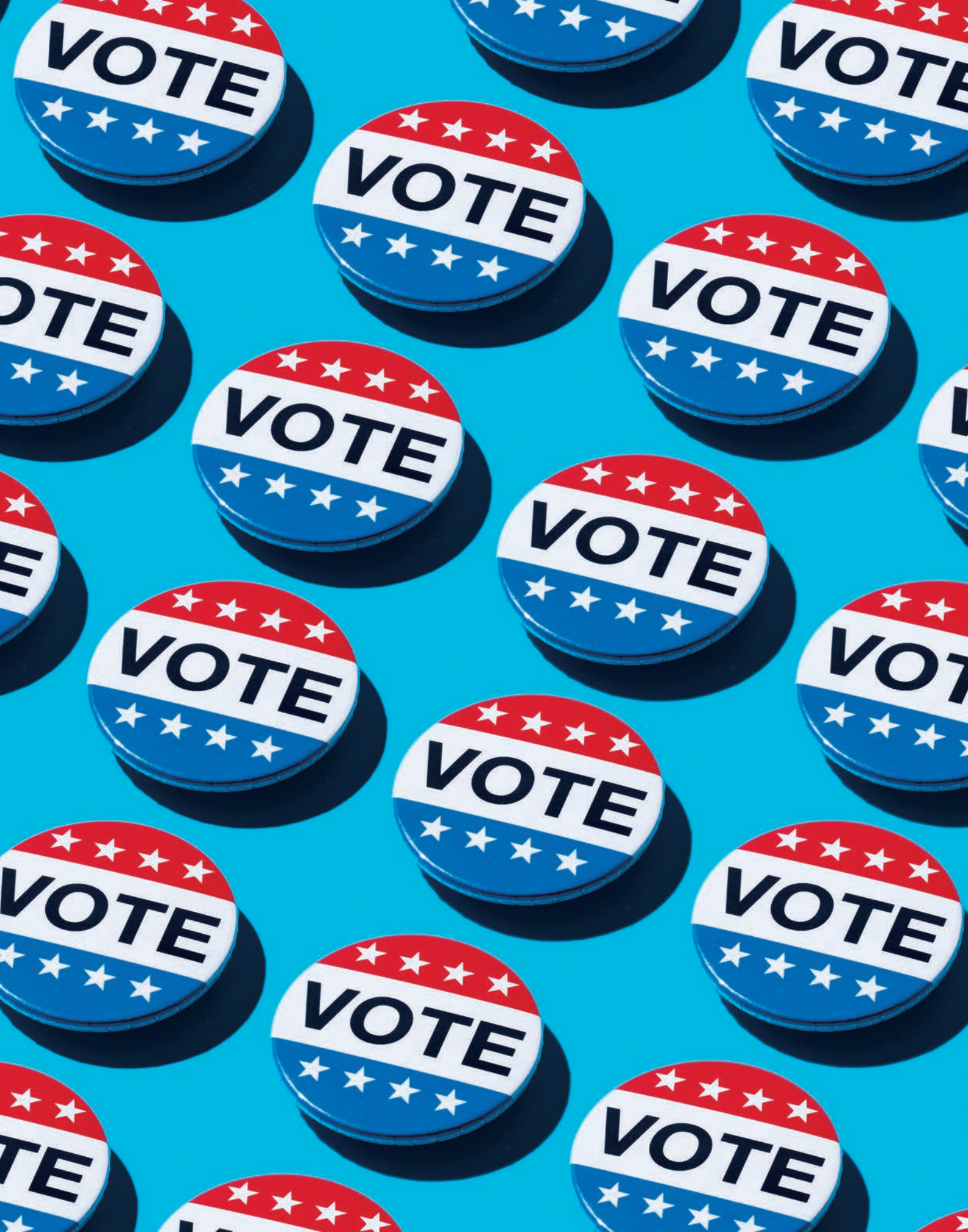
SuzanneWoodard.com

Suzanne Woodard has spent her career caring for the most vulnerable. For 38 years, Suzanne served as a nurse — first spending a decade treating patients in the ICU and then as a neonatal nurse, delivering babies and supporting families. Today, Suzanne is an educator and one of a few people in Washington state trained to teach neonatal resuscitation.

Suzanne grew up in Snohomish County, and her husband grew up on Whidbey Island. They are parents to six children. Suzanne knows the importance of quality public schools so that her grandkids and children all across Washington state have equal opportunity to access a world-class education.

In Olympia, Suzanne will focus on safe staffing, patient safety, and access to health care in small, rural communities. Suzanne was recently endorsed by Rep. June Robinson, a public health professional, who said, "Now, more than ever, we need her experience as a nurse and a health care professional in the Legislature."

With endorsements from nurses, grocers, child care workers, home health workers and women's organizations, Suzanne is well-positioned going into August's Primary Election. It is critical that we help more nurses move into positions of power, including in our state legislature. We know Suzanne will be a strong advocate for nurses, patients and families.



Register to vote

The COVID-19 pandemic is forcing many states to look at voting by mail. Fortunately, Washington state was a national leader in the early adoption of statewide vote-by-mail 16 years ago. The state took a further step in 2018 by prepaying the postage for all ballots. Postage-paid voting by mail makes voting more accessible to all qualified Washington residents.

For more information on elections in Washington state, please visit the Secretary of State's webpage at <https://www.sos.wa.gov/elections/register.aspx>

HOW YOU CAN REGISTER TO VOTE

ONLINE



Online registrations must be received 8 days before Election Day.

Register online by July 27 to vote in Washington's Aug. 4 Primary Election.

You must have a Washington driver's license to register online.

Register online at: <https://voter.votewa.gov/wheretovote.aspx>

BY MAIL



Registrations must be received 8 days before Election Day.

Register online by July 27 to vote in Washington's Aug. 4 Primary Election.

You must have a Washington driver's license, permit or ID or you may use the last four digits of your Social Security number to register.

Registration forms are available in multiple languages online.

Mail the registration form to your local county elections office (list with addresses is on the form).

To print a form to register by mail, go to <https://www.sos.wa.gov/elections/print-voter-registration-forms.aspx>

VOTER ELIGIBILITY

To register to vote, you must be:

A citizen of the United States.

A legal resident of Washington state.

At least 18 years old by Election Day.

Not disqualified from voting due to a court order.

Not under Department of Corrections supervision for a Washington felony conviction.

UNION

VICTORY AT PROVIDENCE SACRED HEART

FOR TWO YEARS, nurses at Sacred Heart in Spokane and Kadlec in Richland fought for fair contracts, joining 13,000 health care workers from several unions at Providence hospitals across Washington state.

On Dec. 9, 2019, Kadlec nurses ratified a contract that preserved PTO accruals and caps for all current nurses, enhanced staffing

and workplace violence language and included wage increases of 10% over the life of the contract plus a ratification bonus.

On Jan. 16, 2020, Sacred Heart nurses ratified a contract that included no takeaways on Paid Time Off and Earned Illness Time, no changes to short-term disability, ratification bonuses that captured full retro pay, wage



The negotiating team for the WSNA local unit at Sacred Heart Medical Center. Front row, left to right: LaDonna Reel RN Mother Baby, Stevie Lynne Krone 9N, Vicki Benson Radiology, Linda Clanton IV Therapy. Back row, left to right: David Emerson 7N, Clint Wallace ICU, Nonie Kingma AGPU, Darryl Johnson CICU, KT Raley Jones CICU.

increases of 10% for the duration of the contract and enforceable language on staffing and workplace safety.

Coming weeks before the coronavirus hit the U.S., our victory at Providence showcased the power of nurses standing strong together and built a strong

foundation to address the issues we now face and will face in the future.

The solidarity we built during these victories is a reminder that together we are stronger. ■

TIME LINE

OCT. 24–25, 2019

Nurses at Sacred Heart voted to authorize a strike.

OCT. 29–30, 2019

Nurses at Kadlec voted to authorize a strike.

NOV. 10, 2019

Nurses at Sacred Heart and Kadlec wrote open letters to their communities in their local newspapers (The Spokesman-Review in Spokane and the Tri-City Herald in Kennewick).

NOV. 25, 2019

The Kadlec bargaining team reached a tentative agreement with management.

DEC. 9, 2019

Kadlec nurses voted to ratify their contract.

ALSO IN THIS SECTION

49 Getting — and staying — involved in my union

50 Fighting a devastating bankruptcy in Yakima Valley

51 Don't call me hero ... call me scientist

BE BOLD

By Stevie Lynne Krone

AT 26, I was the youngest elected union Co-Chair on record at the third largest hospital in the state. I had no idea the challenges we would be facing during 14 months of contract negotiations at Sacred Heart Medical Center nor how great a role my team would play in one of the most historic union operations and coalitions in the country. Along this journey, we faced more than just a corporate giant. My team and I would also be forced to challenge the very structure of established union traditions and what it meant to be a union worker within a collective bargain unit. While there is no manual on overcoming the impossible, I want to share with you what I learned along the way so that you, too, can rise to the occasion, challenge the system and make the biggest impact possible as a union nurse.

Perseverance and challenging the norm
Stagnancy is a poison. With each new generation, union workers build upon the foundation set by those who have come before them. We owe it to ourselves to speak up and build a better future. Step outside of the comfort zone, building on historical groundwork while expanding

and adapting to a modern era. Like an old house, we must continue to build upon and maintain the structure in order to keep it secure and functional.

There will be pivotal moments in the pursuit of success. For myself, it came when I realized that we had been trapped in the cultural norms of union work and that it needed to be challenged on a fundamental level. It was this pursuit of innovation that revealed perseverance to be at the core of victory.

As nurses and union leaders, it is imperative that we do not simply accept the status quo. How often do you hear “that’s just how it is” or “that’s just the way it’s always been” as a reason to oppose change? If there is one thing I know to be true for our successful contract negotiations, it is this: don’t just trust the process; challenge the effectiveness, then make it better.

It will feel like you are repeatedly running into a brick wall. But persistence is the key to breaking through. It’s more than just believing in yourself; it’s believing in the people you represent. As many times as I feared an unknown outcome, fighting for my fellow nurses and union workers was more important than playing it safe and staying in the expected lanes.

So be different. Stand out. And do not surrender to the judgment and resistance until you know you’ve turned over every stone.



Alyssa Boldt, Stevie Lynn Krone and Jaclyn Perkins at a rally for Providence health care workers on July 26, 2019.

Transparency, communication and trust

One of the most common complaints from union workers is the secrecy within contract negotiations and union activities, which can lead to bargaining unit anxiety and wariness. The common trope of “just trust us” is a fallacy without establishing rapport. Trust is earned through transparency and communication. An element of our success stemmed from our efforts to empower the nurses in our bargaining unit with knowledge and factual perspectives.

Engagement is more than just a monthly meeting or a series of emails. Each member of our team recognized the need to be more than just elected representatives at the bargaining table. We acted as counselors, educators, advocates and coaches. I found myself spending countless hours writing breakdowns of contract proposals so that nurses could truly understand the impacts on their

DEC. 10, 2019

WSNA, UFCW 21 and SEIU 1199NW made a Unity Commitment to fight for patient safety. The essence of the commitment was “if you take on one of us, you take on all of us.”

DEC. 18, 2019

Top officers and member leaders from WSNA, UFCW 21 and SEIU 1199NW met with Governor Jay Inslee to express their concerns.

JAN. 3, 2020

After ongoing discussions, three unions (WSNA, UFCW 21 and SEIU 1199NW) representing 13,000 health care workers at Providence hospitals throughout Washington agreed to pause plans to announce a strike during marathon negotiations.

JAN. 7, 2020

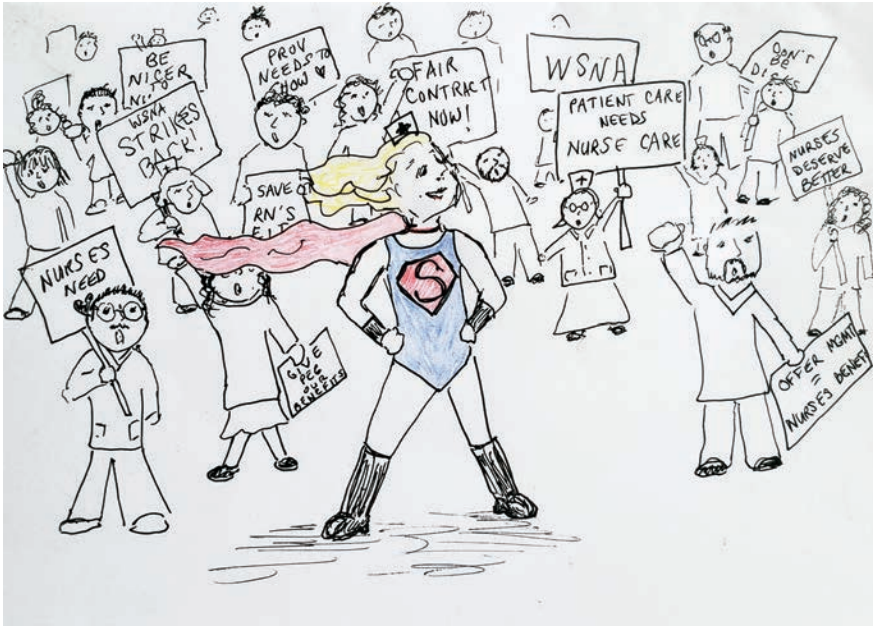
The Sacred Heart bargaining team reached a tentative agreement with management.

JAN. 8, 2020

WSNA and UFCW 21 held a Candlelight Vigil for Patient Safety and a Fair Contract in Spokane.

JAN. 16, 2020

Sacred Heart nurses voted to ratify their contract



Drawing by Heidi Muat.

lives. We made inspirational, educational and comedic videos to keep the unit motivated. With the use of various technologies, from social media to text messaging systems, we managed to reach a wider group who had previously been uninvolved. Some of us took personal phone calls from nurses who didn't understand the process. We listened to differing opinions, doing our best to value the insight and critical feedback while correcting misconceptions and rumors. A greater challenge was encouraging older and younger nurses to stand up and fight for each other and asking all nurses to be a unified front despite individual objectives.

As leaders, there will come a time when you will have to ask your fellow nurses to have blind faith in you. Prepare them by being factual, truthful and committed. Stay as transparent as you are legally permitted, educate and empower. And if your team has made every effort to demonstrate trustworthiness, integrity and openness, you will find a brave and loyal bargaining unit willing to follow you into the dark, even into a strike.

Accountability, boundaries, resources and relationships

We must be brave enough as a collective bargaining unit to hold both our union and

employer accountable to and for us. Never forget we are a group of people working together to improve our working lives, not just for ourselves but for our patients and families. Redirect focus back to the local needs and the union's original purpose, especially that of fair contracts and workplace safety.

Set boundaries, or you will be asked to give all you have until you have nothing left. And there will be times when you don't have it in you. Sometimes, you'll receive nothing but criticism and judgment from your fellow workers. But there will be that one nurse who says that you made all the difference, another who will hug you after a day of long meetings. It will keep you going. And when someone makes a drawing of you as SuperNurse, you'll feel like you can do anything.

And on days when you think you can't go another day, call your team. Because they will be the biggest and most beautiful support you will ever know as even friends and family cannot fully comprehend the weight of 1,900 nurses on your shoulders. But your teammates will stand with you, help you pull yourself together and will be your strongest allies.

Influence

How do you overcome the impossible? You do not accept that it is impossible. With my Co-Chair and confidant, KT Raley-Jones, alongside an inspirational negotiation team, we managed to challenge a traditional system to make the biggest impact possible. Together, we formed alliances with our local unions and pursued partnerships with other Providence-based unions across the state, leading to a historical and powerful coalition that changed the landscape of collective bargaining.

So never doubt your ability to be an influence. The combined success across Washington state was historic, not because of one person but because a community of union workers took a stand. Here's my call to the future nurses and union leaders: Lead well and do not let fear guide you. Be bold and be the voice.

"I attribute my success to this. I never gave or took any excuse." — Florence Nightingale ■

Stevie Lynne Krone is a sepsis/cardiac medical nurse at Sacred Heart Medical Center. She served as WSNA Local Unit Co-Chair during contract negotiations.



GETTING — AND STAYING — INVOLVED IN MY UNION

By Callie Allen, RN

I AM A LABOR AND DELIVERY NURSE, and I have done labor and delivery for almost 12 years. I got involved not just with the contract campaign but with WSNA in general in July of 2019 when I moved to Washington. My family moved up here from Utah, where unions are few and far between, and there is definitely not a union for any kind of health care worker.

Being new to union nursing, I was fascinated by it all and immediately wanted to learn as much as I could and be as involved as I could be. I was almost overwhelmed when I learned in more detail what contract negotiations entailed, how long this union had been in mediation and what the union was fighting to keep for the nurses here in Washington. I went to my first union meeting, and immediately my heart was set on fire for this union because I realized that for the first time in 14 years of working in the

health care industry, I had a voice, WE had a voice and we had the opportunity to fight for the things we need to be able to better serve our patients and our community. I saw how all these nurses had been working together for more than a year, and I was excited that I was stepping in when I did so that I had the opportunity to be a part of it all.

The major turning point for me was my second meeting, when there were questions about the sick time plan being proposed by management, which eliminated our earned illness time and shifted to the new state plan plus PTO. Nurses were asking if it was really so bad and did we really want to strike, etc. I raised my hand and stood up and told everyone that I had just moved from a place where, for 14 years, I had been living the “plan” that was being proposed to us and that we definitely would NOT want it, that what we

were fighting for and potentially going to strike over was, in fact, VERY worth this fight that we were in the middle of. I got a little emotional while I spoke, and when I finished and sat down, people clapped and the officer at the front (Stevie) made teary-eyed contact with me and mouthed “thank you.” I was hooked.

I could go on and on about everything I was involved in after the strike authorization vote and how much I thrived on the energy of it all, but that would be an article all on its own.

I was very impressed with how the union works to get information out about the monthly meetings. I was happy to see that they offered four different meetings in one day to make it possible for anyone to be able to attend — after work, before work, in the middle of the day when kids are at school, etc. I was very happy with the contract we achieved, and I am so thankful to all the people involved in making that happen; I know there are more people than the officers we came to know so well through the meetings.

I have big plans to stay very involved with the union. Maybe it’s because I have a greater appreciation for what it means to be a union nurse because I wasn’t a union nurse for so long; maybe it’s because after 14 years in health care I have finally found a home for my “loud” voice, my even bigger personality and my huge passion for nursing. Regardless, I want to stay involved, and I hope that I can encourage others to become more involved, too, because many hands make light work, and this most recent contract campaign proves that if we all stand up and work hard TOGETHER, we can achieve great things. Union nursing is not a luxury that every nurse has, and it’s not something to be taken for granted. I am Callie, and I am proud to be a WSNA Union Nurse. ■

Callie Allen is a labor and delivery nurse at Sacred Heart Medical Center. She was not an officer during negotiations but served as the Childcare Committee Chair during Strike Preparations.

ASTRIA REGIONAL MEDICAL CENTER

FIGHTING A DEVASTATING BANKRUPTCY IN YAKIMA VALLEY

ON JANUARY 8, Astria abruptly informed WSNA of their plan to declare bankruptcy and close the Astria Regional Medical Center (Yakima Regional) in less than two weeks.

Astria's behavior was shameful. The company sought approval from the bankruptcy court in a closed session, hidden from the public under seal. Only after the court had granted their request did they inform workers and the community of their plans.

WSNA immediately requested and received an emergency hearing with the bankruptcy court.

At the hearing, nurses, doctors and other caregivers made the case against this sudden closure.

WSNA-represented nurses who had dedicated themselves to Regional for years, through multiple owners, spoke to the severe impact the hospital's closure will have on the community and those who worked there.

Laurie Robinson, an ER/trauma nurse, said: "My thirty-plus years working as a nurse in this area have taught me that a region as large as Yakima needs more than one Level III hospital to serve emergency trauma patients. Yakima Regional's closure will deny patients access to the trauma and cardiac care they need, and Yakima Memorial will not be equipped to handle the overflow of patients our hospital once served."

Lisa Bullek, a same-day surgery nurse, said: "Astria knows firsthand the

impact this closure will have on the community. I met with them face-to-face in an employee forum with about 20 other employees, and they guaranteed the state would never permit them to close a not-for-profit hospital like Yakima Regional because it was such an unparalleled resource for the Valley. Now they're closing anyway, and our community — particularly our low-income neighbors — are the ones who will suffer."

Evette Runyon, a nurse in the Acute Care Unit, said: "I know firsthand what an impact Yakima Regional has on this community — I've worked there as a nurse for over eleven years, and I was recently a patient there myself. When I needed emergency back surgery, having Yakima Regional's neurosurgery services at my disposal made all the difference. Astria's closure of the hospital will deny other patients that valuable resource."

Despite our best efforts, the court sided with Astria management and allowed the shutdown to move forward.

The closure leaves a massive gap for the community in the Yakima Valley. Astria Regional was one of only two Level III Trauma Centers in the region and had the only open-heart surgery center within 100 miles.

WSNA continues to fight for a fair process as bankruptcy proceeds.

WSNA demanded to bargain the effects of the closure on nurses. However, Astria refused to negotiate fairly. While we were able to secure health care through the end of January,

"They guaranteed the state would never permit them to close a not-for-profit hospital like Yakima Regional because it was such an unparalleled resource for the Valley. Now they're closing anyway."

Astria's overall position was unacceptable and disrespectful.

On January 31, we filed a lawsuit in the US Bankruptcy Court in the Eastern District of Washington, alleging a violation of the Worker Adjustment and Retraining Notification Act (WARN Act) based on Astria's failure to provide the required 60 days of advanced notice. Our suit seeks 60 days of wages and benefits. Following weeks of briefing and an oral argument, the Court recently rejected Astria's Motion to Dismiss our suit. WSNA is now proceeding with discovery, including depositions of top Astria officials.

We are carefully monitoring Astria through every step of this process and fighting with all available tools to hold the company accountable to nurses, other health care workers and the community.

We have also worked with members to help nurses find new positions in other regional facilities and Astria-owned facilities in other areas. We have helped nurses navigate the state's unemployment system and job retraining program, and we continue our work to ensure that every nurse is able to return to work as quickly as possible.

This shows once again how our profit-based health care system prioritizes balance sheets over people. By allowing Astria to close, the bankruptcy courts put profits ahead of people. ■





Don't call me hero ... call me scientist

By Tara Goode, MSML, BA, BSN, RN

The world we live in today is forever changed. That's a good thing in some ways. Historically, nurses have been framed as the caring ones or the angels at the bedside. These aren't bad descriptors, but they don't accurately describe today's nurse. Today's nurses are scientists, too.

Nursing has been described as one of the most difficult baccalaureate degrees to obtain. It's challenging, both physically and psychologically. But what some don't understand is that it's intellectually challenging as well. Heavy reliance on the sciences makes a BSN degree just that, a science degree. Why do you think that is?

Some of it has to do with the higher level of acuity we see in all settings of health care. We can no longer solely rely on our physician colleagues to carry the load. We must prepare and step up to maximize

our education to be at once scientifically based and compassionate. Our advanced practice nurse practitioners are doing just that. They are specializing in highly technical and skilled procedures and are able to take on the majority of most primary care practices independently. This not only allows for better access to care; it also makes room for a clinical partnership in the best interest of the patients.

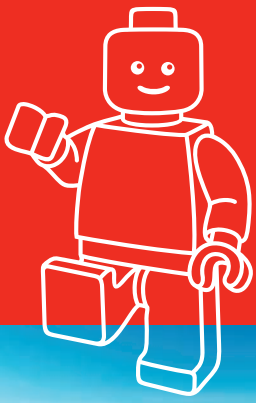
When was the last time you were in an ICU? An OR? An L&D birthing suite? If you were to go today and tour these, you would find technology once believed to be out of reach for nurses to understand, let alone expertly manage. The complexity of an ever-changing technical landscape and progress in pharmacology creates a challenging and invigorating environment for nurses to work in, and they are doing it

with skill and grace in dangerously challenging circumstances.

Think about what's happening during this unprecedented COVID-19 response. Who is it taking on enormous risk to be at the bedside? Who is it finding new ways to do things safely considering limited resources? Who is it getting it done every day? Who is it being widely ignored or dismissed by those with profit and control driving them rather than science and patient care? Nurses.

I don't mean to minimize the "caring" side of nursing. It's why many of us came to the profession in the first place. Once we got here, we found so much more! I mean to shine the light on the ever-increasing value of nurses. We are the experts in patient care. We are the ones pushing to evolve a broken system. We are the ones who will never leave your side when you are in need. We are nurses, and we are formidable. Imagine what we could do if we all fought for the same thing?

I ask all who read this article to think long and hard about why you're calling nurses heroes. They are heroes, but wouldn't it be great if people thought of us as scientists with the potential to change our current system for the better? Scientists who work to evolve the practice and profession in a positive direction through evidence-based research. Scientists who should be heard when they speak up, not just celebrated as heroes for working within a system that is fundamentally driven by money rather than outcomes. It's time to start listening to the people who best understand the problems we face and are positioned well to design and deliver solutions. It's time to listen to scientists. ■



NEW! REGISTRATION IS FREE FOR ANY WSNA UNION MEMBER!

2020 WSNA Union



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Hear from union leaders, key note speakers and subject matter experts on topics important to nurses:

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- **Nursing Liability Case Study Review** — Nursing Service Organization
- **Catch Me if You Can: Addictions at the Workplace** — Rigo and Claudia Garcia
- **Mandatory Reporting Overview** — Margaret Holms, Nursing Care Quality Assurance Commission

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WASHINGTON STATE **NURSES** ASSOCIATION

Join us, and be part of the future.



Learn more and register at wsna.org/leadership.

Leadership Conference



**Join nurses from around Washington state
at Campbell's Resort, and help build WSNA's future.**

Situated on the Lake Chelan waterfront, just steps from Chelan's charming downtown district, WSNA's Union Leadership Conference gives members an opportunity to earn up to 8.5 CNE contact hours learning about unique and informative topics affecting nurses.

Get updates from featured speakers from the American Federation of Teachers and Washington State Labor Council on the national and state labor scenes, hear life-changing stories from nurses who battled opioid addiction, discover ways to prevent and respond to radiation exposure, learn techniques to lead in your workplace, celebrate our successes, strategize for what's coming next and more! This year's event also features the Nightingale Musical, a special dinner theater presentation to commemorate Florence Nightingale's 100th birthday.

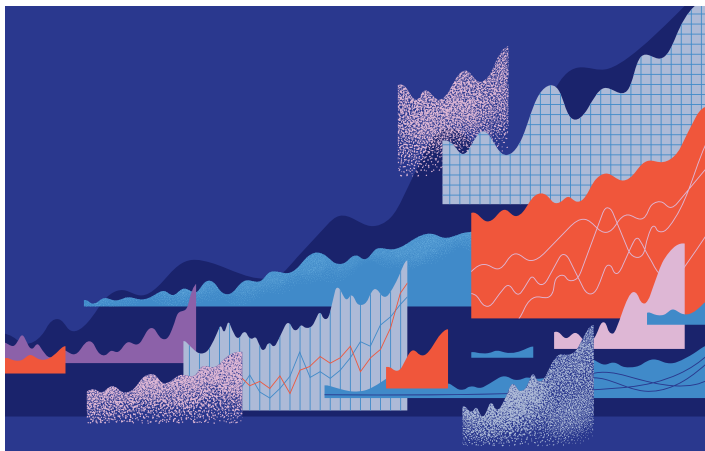
New for 2020, registration for WSNA's Union Leadership Conference is free for any WSNA-represented union member! Don't wait to register — spaces are limited and filling up fast. Visit wsna.org/leadership.

RESCHEDULED!

Nov. 8–10, 2020

Campbell's Resort, 104 W. Woodin Ave, Chelan

NURSING PRACTICE



Washington Center for Nursing releases reports on the characteristics of Washington's RN, LPN and ARNP workforce

By Sofia Aragon

Executive Director of the Washington Center for Nursing

The top strategic priority between 2019–2021 for the Washington Center for Nursing (WCN) is to collect and analyze data on the RN, LPN and ARNP workforce in our state. These data help WCN and the nursing community understand how well efforts are progressing toward nursing workforce development goals and identify gaps.

Reports came out this spring on the characteristics of the RN and ARNP workforce in our state, with a report on LPNs scheduled for a late May release (find the reports at <https://www.wcnursing.org/data-reports-publications/>).

This is the third iteration of a three-year effort to

determine how best to gather information on the characteristics of the RN workforce. By characteristics, we mean demographics, educational level and areas of practice. This is accomplished by what is known as a nursing supply survey. In 2020, the WCN invested in an analysis by the University of Washington Center for Workforce Studies (UW CHWS) of data collected on RNs, LPNs and ARNPs through the National Council of State Boards of Nursing's (NCSBN) e-notify system, Nursys. The state's Nursing Care Quality Assurance Commission transfers the data collected to the UW CHWS.

In 2018, the WCN engaged the UW CHWS to

perform a sample survey of RNs using the Minimum Nursing Data Set (MDS) developed by the National Forum of Nursing Workforce Centers. To distinguish this sample survey from other survey efforts, UW recommended the inclusion of workplace satisfaction and questions to understand RN salary levels.

In the Spring of 2016, the Nursing Commission entered into a project with the NCSBN for a voluntary survey for RNs who subscribe to e-notify. A lesson learned was that a voluntary survey resulted in a lower response rate than expected. In 2018, the Nursing Commission passed a rule to require LPNs, RNs and ARNPs to complete a supply survey upon licensure application and renewal. The Nursing Commission instructed nurses to complete an additional expanded ethnicity survey at the request of WCN for the purpose of gathering further disaggregated ethnicity information to get a clearer picture of the state's nursing workforce demographics. For example, ethnicity choices included more than Asian, but also included Chinese, Japanese, Filipino, etc. This information helps stakeholders understand better where to make investments that improve the state's nursing workforce diversity. These questions were in addition to NCSBN's e-notify system, which implemented

a survey that included some of the MDS. The NCSBN determined which MDS questions to include.

This work involves years of investment of WCN funds into the UW CHWS. The reports include the following information:

- What area of practice most nurses work in in the state of Washington.
- How successful Washington nursing schools are in graduating a diverse workforce that reflects the population of the state.
- What the average age of the nursing workforce in Washington is.
- How many nurses work in the same county in which they live.
- If more nurses are aiming to earn a BSN.
- In what practice settings nurses tend to work part time versus full time.

In the last two years, Washington state has accessed more information about the characteristics of the nursing workforce than ever. These data provide vital information for the nursing community, employers and policy makers to address nursing shortages with more precision and develop strategies to build a nursing workforce that is more equipped and responsive to the health needs of Washington state residents. ■

PEARLS FOR PRACTICE

HEADSHOTS



By Gloria Brigham and Megan Kilpatrick

A professional headshot photograph can be useful in a variety of settings: personal website or portfolio; LinkedIn, Indeed, Twitter, Facebook and Instagram profiles; blog posts or bylines; professional association bio; attached to a resume; and many more. A professional-quality headshot doesn't have to be expensive although there are ways to help yours stand out from the crowd. All you need is a friend and a good camera (or phone camera)!

- Pick out an outfit that you feel confident in. Avoid patterns, jeans, neon colors, anything too seasonal and anything that you'd wear to a party. Think classic, timeless and work appropriate — something you'd wear to meet the CEO.

- Find a plain, but ideally interesting backdrop. Avoid posing in front of windows or busy backgrounds (such as a city street). If photographing outdoors, be wary of bright sunlight or dark shadows. The best time of day for outdoor pictures is the few hours before sunrise and the few hours before sunset.

- A universally flattering angle is to angle your body slightly to the left or right with your head turned straight toward the camera. Keep one foot pointing forward with the other slightly angled behind it. Tilt your head slightly down, and make sure to smile!

- Take lots of photos. Try different backgrounds and poses. The more photos you take, the more options you'll have to pick the perfect one.

- Once you've picked your perfect headshot, save it and use it for everything. Don't forget to update it every couple of years!

- Need inspiration? There's plenty available on the internet, Instagram or Pinterest. Just search "professional headshot."

EXTRA CREDIT

- Editing isn't required, but if you really want to take your photograph to the next level, low-priced smartphone apps are easy to use and have plenty of editing tools. Check your app store to see what works best with your skill level and budget.

References:

<https://www.themuse.com/advice/why-you-need-professional-headshot-career>

<https://www.forbes.com/sites/estelleerasmus/2019/09/25/8-ways-to-get-a-great-outdoor-headshot-from-a-portrait-photographer/>

IN MEMORIAM

Rosalie Frazier

Rosalie Frazier of Bainbridge Island, and Wellfleet, Mass. passed away peacefully in Cleveland, Ohio on Wednesday, March 18, 2020. She was 67 years old and the wife of Kenneth E. Rekow of Bainbridge Island.

Rosalie made her home on Bainbridge Island. She practiced as an RN at the University of Washington Medical Center from 1984–2009, where she had roles including managing the Postpartum & Newborn Nursery, Labor & Delivery and Antepardum unit and the Neonatal Intensive Care unit. She then worked providing counseling to couples and subsequently worked on a team to support women through high-risk pregnancies and childbirth education. In 2008, she received credentials to become a Psychiatric Nurse Practitioner and developed a private practice in Seattle before practicing in community mental health clinics in Seattle, Bremerton and Port Townsend.

Alongside her professional achievements, Rosalie was devoted to her family, found beauty in the arts and the outdoors, traveled extensively in South and Central America and maintained her inquisitiveness and creativity throughout her treatment for glioblastoma. Rosalie was fulfilled by her personal interests in spirituality, art and gardening and her many life-long friendships. Cape Cod served as her beloved second home, where she enjoyed spending time with family and friends and watching the waves from the dunes of Wellfleet, Mass.

Along with her husband of 11 years, she is survived by her children, Virginia E. Houston and her husband, Peter C. McDermott of Cleveland; and Thomas W. Houston of Wellfleet. She is also survived by her grandson, Lewis W. McDermott; by her first husband, T. W. “Woody” Houston of Wellfleet; by her brother Stephen P. Frazier of Wellfleet; by her sister, Elise F. Woodward and her husband Alan C. Woodward of Concord, Mass.; and by her niece, Lauren W. Cronin and nephew, Andrew A. Woodward, and their children. Her brother D. Alan Frazier predeceased her.

Born in Harrisburg, Ill. on Sept. 27, 1952, she was the daughter of Gloria Barger and Shervert Hughes Frazier, MD. The family lived in Harrisburg and Rochester, Minn.; Tenaflly, N.J.; Houston, Texas; and Belmont, Mass. Rosalie graduated from Tenaflly High School in Tenaflly, N.J., from Barnard College in New York City with bachelors degrees in both fine arts and religious studies, and from the University of Washington School of Nursing where she received her Bachelor of Science in Nursing, a masters in Nursing, and a post-master’s certificate from the Family Psychiatric Mental Health Nurse Practitioner Program.

Gifts in her name may be made to the Wellfleet Conservation Trust, PO Box 84, Wellfleet, MA 02667 and the Bainbridge Island Land Trust.

Kay Skaftun

Catherine Ann Skaftun, known as Kay, died on December 10, 2019, at age 73, while vacationing on Maui.

Kay was born in Nortonville, Kansas, to Joe and Veronica Corpstein, on March 6, 1946. The youngest of three children, Kay ran wild with the chickens.

Nursing was Kay’s profession and passion for 50 years. She worked at Seattle’s Northwest Hospital for the last 35 of those years on surgical and oncology floors. She was awarded the King County Nurses Association’s Excellence in Nursing Practice Award in 2001.

Kay will be remembered as a goofball who never took herself too seriously. She had a great laugh that she used frequently and an unnerving Wicked Witch of the West laugh that she used sparingly. She could always find something to love about even the most annoying people.

Kay is predeceased by her brother, Paul Corpstein, and sister, Agnes Lujin. She is survived by her daughter, Emily Skaftun; son-in-law, Jeremy Goodman; sister-in-law Lise Gardner; nieces Jocelyn (Bob) Jasa and Jenny (Craig) Davied; nephews Anthony and Matthew (Cindy) Corpstein, Jeff and Kevin Lujin, and Drew Gardner; great nieces/nephews Jenna, Michael, Timothy, and Julia Jasa, Madison and Caden Davied, and Haylie, Hollie, and Hazel Corpstein; grandkittens Squeezel and Astrophe; and many close friends.

From oral history and archives to publication

By Janet Primomo, RN, PhD

Associate Professor Emeritus, University of Washington Tacoma



BOOK NOTES

Rosa Franklin: A Life in Health Care, Public Service, and Social Justice

\$9.99 By Tamiko Nimura

Senator Rosa Franklin, RN, signed copies of her biography at the State Capital on January 20, 2020, Martin Luther King Day. The book, “Rosa Franklin: A Life in Health Care, Public Service, and Social Justice” by Tamiko Nimura, chronicles the life and contributions of an extraordinary public servant, whose 30-year career in public policy has focused on eliminating health disparities and achieving health equity. The book describes Senator Franklin’s early years growing up in South Carolina, career as a registered nurse and accomplishments as a community activist and legislator representing Tacoma’s 29th District in the Washington State Legislature (1993–2010).

Over the years, nurses who participated in Washington State Nurses Association Legislative Days in Olympia had an opportunity to meet with and be inspired

by Senator Franklin. She continues to encourage all citizens to take an active role in the political process. Senator Franklin was inducted into the Washington State Nurses Association Hall of Fame in 2002 and received the UW Tacoma 2019 Martin Luther King Legacy Dream Award. Healthy Generations recognized Senator Franklin in 2016 for “creating enduring health equity through public policy.”

The oral history and book were commissioned by the Washington State Legislative Oral History Program. ■



Governor Jay Inslee and Senator Rosa Franklin.

To order a copy of “Rosa Franklin: A Life in Health Care, Public Service, and Social Justice,” contact The Washington State Legislative Gift Center at 360-786-1889 or visit www.wacapitolgiftshop.org.

WSNA DISTRICT/ REGIONAL NURSES ASSOCIATIONS UPDATE

In August 2018, the WSNA Board of Directors decided to consolidate WSNA District Nurses Associations and form Regional Nurses Associations across the state.

This was done because many of our districts were inactive or had very little activity occurring.

These WSNA regional organizations will provide a forum for all WSNA members, no matter where they are employed, to meet together and work to address the concerns and needs of their community and issues important to their membership. The need for a strong, community-based nursing presence is growing as we recognize the also-growing issues of safety, quality, access and continuity of care in community outpatient settings.

Regionalization across the state is close to completion. We are making steady progress and are currently focused on combining districts in the Longview/Vancouver area and forming the Southwest Washington Region. We have only three remaining regions of the state (Central Washington, North Central Washington and Southeast Washington) that need to begin this process.

During this time of social distancing and as we identify those interested in meeting with other nurses in their community, we will move forward with virtual meetings until it is safe to gather in person. We hope to have this regionalization process completed in 2021. WSNA will then have a structure in place where all nurses, no matter where they are employed, can work together and support each other.

INLAND EMPIRE NURSES ASSOCIATION

As the coronavirus (COVID-19) pandemic has unfolded over the last few months, front line health care workers' compassion and dedication to what they do have shined brighter than ever. IENA wants to thank the people at the center of it all: our courageous, worldwide nurse family.

The nursing profession has long been regarded as one of the most trusted professions, charged with caring for people during their most vulnerable times. It is a rewarding, impactful and sometimes exhausting task that often feels more like a calling than a job. It is never easy work, few understand its totality and even fewer willingly and passionately take on the emotional and physical toll this work can take.

Thank you for your bravery and dedication. Thank you for supporting your fellow nurses during this difficult time. With so much uncertainty and anxiety in these trying times, I find myself overwhelmed with pride and feelings of connectedness in my nursing community.

In Awe and Gratitude,
Raya Lilley, President

Here at IENA, we are so excited to be celebrating the Year of the Nurse and Midwife! IENA has been very busy with re-branding and a new website, which started last summer and has officially launched. This new website has made it easier for our members with enhanced design, online registration and payment capabilities. Our new website, www.ienanurses.org (formerly www.spokanenurses.com), was changed to encompass all of our membership counties, which include Adams, Lincoln, Pend Oreille, Stevens and Whitman in addition to Spokane. We have also added teleconferencing especially for our members outside of Spokane who would like to get involved without the travel. There are many ways to get involved at IENA, whether you live in Spokane, Pullman or any of the counties we serve. Find more information about IENA volunteer opportunities, teleconference opportunities, scholarships and awards on our website, or contact us at admin@ienanurses.org for more information.

RECENT ACTIVITY

Nurse Lobby Day 2020

WSNA/IENA members from Spokane traveled to Olympia on Feb. 6 to personally meet with our area legislators. The day was full of networking, sharing and learning about legislative issues important not only to nursing but more importantly to the wellbeing of those we care for. We all had the opportunity to speak with our legislators regarding WSNA priority bills and many other areas of concern.

WSNA's Nurse Advocacy Camp 2020

IENA sponsored a charter bus to Olympia for area nursing students to learn how to speak with legislators and advocate for the profession. We had 35 students, five faculty and two board members on the bus.

IENA Legislative Reception

We are starting to see the fruits of our labor. Our Nurse Legislative Reception, held at The Spokane Club this past October, had our highest attendance yet with over 100 people! That was exciting, and we only hope to grow from here. This Nurses Speak event consisted of roundtable discussions with local legislators, representatives and candidates, where nurses were able to "tell their stories" of what they experience while caring for patients and their families and the many challenges facing nurses today.

UPCOMING EVENTS

Annual spring gala — postponed**Awards and scholarships**

We accept scholarship applications throughout the year. These are usually awarded at our Spring Gala. Due to COVID-19, we are still working out the details to support our membership. IENA is working on increasing the number of scholarships given out and adding fall scholarship awards. We also provide scholarships to attend WSNA/IENA-sponsored events and have added a new Professional Development Scholarship for nurses to attend other professional events.

Award nominations are accepted year-round and given out at our Annual Spring Gala*. We have four categories: Lifetime Achievement, Excellence in Nursing Leadership, Excellence in Nursing Practice and Excellence in Research. We all know someone deserving; nominate a nurse today! Nominations may be submitted electronically on our website at www.ienanurses.org.

*Some info may have changed due to Covid-19.

KING COUNTY NURSES ASSOCIATION

www.kcnurses.org
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 Instagram: kcnurses

Welcome new members!

King County Nurses Association extends a warm welcome to all new members! We hope you enjoy all of the benefits of belonging to KCNA including our mailed newsletters, discounts on continuing education and member-only access to KCNA programs including community grants and a mentor program. Additionally, we encourage members to enhance their leadership skills by serving on our committees and board of directors. Interested in getting involved? Let us know by filling out an interest form in the Members/Getting Involved section at kcnurses.org. We also encourage you to subscribe to our monthly e-newsletter, News2Use. Sign up in the Members/News section at kcnurses.org and join us on social media including Facebook and Instagram.

**Florence makes an appearance**

It only seems right that Florence Nightingale's 200th birthday happens at the same time as we celebrate The Year of the Nurse. KCNA has had a lot of fun finding ways to honor Florence and her contributions. In February at the KCNA District Meeting, a life-size cutout of Florence Nightingale made an appearance and was the center of attention for plenty of group photos and selfies. We also created commemorative buttons featuring images of Florence, which will be distributed at future KCNA events. Happy 200th Birthday, Florence!

KCNA events update

Due to the challenges presented by COVID-19, KCNA canceled the Florence Nightingale Musical. The performance group, HEARTS-Health & Arts organization, hopes to offer live events next year. In the meantime, they are considering a digital production.

The KCNA Annual Gala has been tentatively rescheduled for Thursday, Nov. 5 at the Ballard Bay Club in Seattle. For anyone who registered for the May date, your registration will be automatically moved to the new date. Please stay tuned as we navigate the uncertainties of the current situation. If you have any questions, please contact us at kcnurses@kcnurses.org.



Donate to KCNA's scholarship fund

Due to the COVID-19 response, KCNA was unable to hold our annual auction as usual in May, our single most important donor event. As you can imagine, nursing students need your help, now more than ever. Consider donating today so that local students can stay in school and graduate! Donate by going to kcnurses.org. Thank you for helping make dreams happen for local nursing students!

KCNA fosters connections

KCNA works diligently to foster connections within the local nursing community. In 2020, we engaged with community partners in the promotion and celebration of nurses. Although the Florence Nightingale Musical had to be canceled due to COVID-19, we still wanted to recognize these organizations for their willingness to work together:

- Filipino Nurses/Healthcare Professionals Association
- Mary Mahoney Professional Nurses Organization
- Pacific Northwest Chinese Nurses Association
- Samoan Nurses Organization in Washington/Pacific Islander Health Alliance NorthWest
- Seattle Pacific University School of Health Sciences
- Sigma Theta Tau International, Psi Chapter at Large
- Western Washington National Association of Hispanic Nurses

Another way KCNA connects with the nursing community is to ensure that nursing students have access to complementary learning and networking opportunities. One way we do this is by offering students free attendance at our events as volunteers. Earlier this year, nursing students from the University of Washington assisted with the District Meeting, which included a seminar on Trauma Informed Care.



KCNA community grants make a difference

KCNA empowers members to take on projects to help address community health issues. We encourage KCNA members to submit applications for grants that link nurses with local nonprofit organizations and agencies. Applications can be found at kcnurses.org in the members section. Grants are from \$500–\$1,250. Thank you to Salal Credit Union for supporting our grants!

Grants can be used for a variety of community needs. For example, KCNA member and Nurse Family Partnership (NFP) Program supervisor Donna Maier recently utilized a \$1,000 Elizabeth Thomas Memorial Grant from KCNA to distribute Halo Sleep Sacks to first-time mothers through their program in Kent. The sleep sacks are wearable blankets that replace loose blankets in the crib that can cover a baby's face and interfere with breathing. A team of eight public health nurses distributed a total of 125 sleep sacks to low-income moms. Nurses took advantage of this teachable moment to discuss safe sleeping practices with the new moms. Nurses reported back that their clients were using the sleep sacks on a regular basis and were very thankful to have tools and information to keep their babies safe while sleeping.



KCNA in the community

KCNA members are active in the community, providing numerous hours of service impacting the health of families and individuals in our region. Two of the largest events where KCNA was recently represented included Martin Luther King, Jr. Day as well as the Seattle-King County Clinic.

For Martin Luther King, Jr. Day, KCNA members helped provide education and complimentary health screening to over 75 community members. KCNA was joined by other professional nursing organizations, including the Mary Mahoney Professional Nurses Organization, the Western Washington-National Association of Hispanic Nurses and the Pacific

NW Chinese Nurses Association. A special thanks goes out to Frankie Manning, KCNA member, for organizing the nursing community. "The joy of nurses partnering together to support the community was wonderful. I think Dr. King would be happy for all of us today," Frankie said.



KCNA members also volunteered at the Seattle–King County Clinic from Feb. 13–16, helping to serve members of our community who struggle with access to or insufficient health insurance coverage and have difficulty paying for medical care. Over 3,300 patients were assisted by this volunteer-powered event that provides fee medical, dental and vision to all.

Thank you KCNA members and all nurses for what you do every day! Your dedication to serving the community is commendable.

KCNA thanks you for your courage, dedication and determination!

Looking ahead

KCNA's Program Committee will come together this summer to discuss options and develop new programs. The new lineup of programs will be announced in the fall. In the meantime, stay connected by:

- Reading The Advocate, KCNA's printed newsletter mailed out to members.
- Viewing KCNA's monthly e-newsletter, News2Use. Sign-up at kcnurses.org in the Member/News section.
- Following us on Facebook and Instagram.

NORTHWEST REGION NURSES ASSOCIATION

Greetings to members in Island, San Juan, Skagit, Snohomish and Whatcom counties. Our NWRNA Board wants to thank you for the work you are doing and the sacrifices made by you and your families during this difficult time.

We invite you to participate in the following NWRNA activities:

Coffees with Craig

Join NWRNA Board Member Craig White for a virtual cup of coffee and informal online chat every first and third Wednesday of the month from 8–9 a.m. All NWRNA members are welcome to join us on Zoom. Find registration information at nwrna.org.

Student scholarships

NWRNA is extending our application period for student scholarships through August 2020. We are looking to award three \$1,000 scholarships for the 2020–21 academic year. We urge all members to pass this information along to any student who might benefit. Apply at nwrna.org.

First annual conference Nov. 7

Our first NWRNA conference has been moved to November 7, 2020. The event will be held at Western Washington University if public gathering guidelines allow. If not, we'll let you know about online options.

Investment in member education

If you are attending a professional education event, NWRNA can provide financial assistance of up to \$200. Visit nwrna.org to find out more.

New NWRNA Board of Directors

Thank you to our volunteer Board of Directors, who took office in January: Angie Lochridge, President; Carrie Kronberg, President-Elect; Jennifer Shelton, Secretary; and Joni Hensley and Craig White, At-Large members. Find out more about your Board at nwrna.org.

Connect with your colleagues

Your local professional association is your avenue to reach out to fellow members:

- On our website at nwrna.org, you can post forum messages to ask for advice, share a resource, shine a light on another member or get fellow nurses involved in a professional or social activity.
- Like us on Facebook at facebook.com/NorthwestRegionNursesAssociation.
- Follow us on Twitter at [@NWRegionNurses](https://twitter.com/NWRegionNurses).

PIERCE COUNTY NURSES ASSOCIATION IS NOW RAINIER & OLYMPIC NURSES ASSOCIATION

Exciting news!

Pierce County Nurses Association's new name, Rainier & Olympic Nurses Association (RONA), was selected by member vote on our spring ballot. This new name more accurately reflects our expanded region, which now spans Pierce, Grays Harbor, Thurston, Mason, Kitsap, Jefferson and Callam counties. Watch for re-branding over the next few months.

COVID-19 and PCNA events

As we write this, we're still in the midst of social distancing and exploring the possibility of rescheduling our canceled events. Please Like us on Facebook and check out our website for the most up-to-date information about upcoming events. www.piercecountynurses.com.

2020 Nurse of the Year — Leah Goodwin, BSN, RN-BC

We're delighted to announce our PCNA Nurse of the Year, Leah Goodwin. Nominators wrote about Leah's leadership, passion and dedication as well as her mentoring of new nurses and vast nursing knowledge and skill. We look forward to celebrating Leah throughout 2020! Congratulations, Leah!

Bowling tournament

Our 7th Annual Bowling Tournament on Saturday, Feb. 29 was a great fun-filled afternoon with fellow nurses while raising money for nursing students. When combined with additional donations, we've raised over \$1,700 for nursing scholarships! Save the date for next year's PCNA Bowling Tournament — Saturday, Feb. 20, 2021, at Narrows Plaza Bowl.

Supporting future nurses

PCNA/RONA seeks to support future nurses by attending career fairs at local high schools as well as attending student nurse meetings at local colleges. We're always looking for members to join us at these events. We're also exploring options for connecting with students and promoting a career in nursing during times of social distancing. Email us at office@piercecountynurses.com to be added to our volunteer email list.

Get involved

PCNA/RONA is led by a fun, welcoming group of nurses who serve as officers and directors. We encourage you to come to a board meeting, see how things work and get more involved. Email us at office@piercecountynurses.com for details of upcoming board meetings. Thank you for everything you already do, and we look forward to getting to know you better!

SOUTHWEST REGION NURSES ASSOCIATION

Formerly districts 10, 11, 19, 21 and 27

Thank you, members in Clark, Cowlitz, Lewis, Pacific, Skamania, and Wahkiakum counties, for your dedication to your profession.

Your new region

The new Southwest Region Nurses Association is official! We are registered with the State of Washington and have applied for 501(c)(3) non-profit status with the IRS.

Your new Board of Directors

The following volunteers have committed as founding Board members of SWRNA: Jonathan Chase, Karla Fowler, Didi Gray and Marva Petty. They will serve as we build the foundation of SWRNA in 2020. Our goal is to recruit candidates and conduct elections in the fall for Board members who will take office in 2021.

What is happening now?

We are currently building our structural base. This consists of completing the legal requirements to become a nonprofit region of WSNA as well as building the Board and committee processes, consolidating resources and planning for activities to connect with members. One of our goals is to find out ways in which SWRNA can be valuable to our members. As we build our region, we look forward to connecting and finding out ways to enrich your career.

We understand there may be current or upcoming items which have been handled by the former districts. While we undergo this formational process, members are encouraged to contact their former district leaders regarding any ongoing projects.

HURRICANE BLIZZARD EARTHQUAKE FLOOD TERRORISM ATTACK TORNADO VOLCANOES NATURAL DISASTER



Be prepared for the unexpected.

Get a WSNA emergency preparedness kit.

'First Responder' kit

~~MSRP \$74.95~~
Member price \$55

Sling bag

(16) Datrex **emergency drinking water pouches**

Datrex packet of 18 **food bars**

84" x 52" **thermal blanket**

(2) Air-activated 12-hour **body / hand warmers**

AM/FM radio

Hygiene pack:

(1) tissue packet, (3) moist towelettes,
(1) biohazard waste bag, (1) n-95
dust mask, (2) sanitary napkins and
(1) zip baggie

(3) **Trash bags**

(2) **12-hour light sticks**

(2) **Zip baggies**

Flashlight with two D cell batteries

Hooded **poncho**

Deck of **playing cards**

(1) Pair **leather palm gloves**

First aid pack:

(3) 2" x 2" gauze pads, (1) 5" x 9"
abdominal pad, (10) plastic strip
bandages, (1) roll Kendall tape, (3)
antiseptic towelettes, (2) antibiotic
ointments, (1) pair vinyl gloves and
(3) alcohol wipes

Whistle

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City

State

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☐ Same as billing address

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LINE 2 **SHIPPING** (\$12.50 per kit) _____

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WSNA.ORG WEBSITE

Celebrate Florence Nightingale's 200th Birthday and support nursing students

The Washington State Nurses Foundation commissioned this custom Glassy Baby votive to celebrate the Lady with the Lamp. All proceeds support student scholarships. It is a lovely salute to nursing's past and future. Buy one for yourself, buy one for a gift.



glassybaby 

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Why I give...

A portrait of Clarise Mahler, RN, a woman with dark hair and glasses, smiling. She is wearing a floral patterned top. The background is a green leafy bush.

"I believe in supporting the WSNA-PAC so that we can advocate for candidates who will go to Olympia and advocate for nurses and patients."

— Clarise Mahler, RN



Washington State
Nurses Association
**Political
Action
Committee**

Learn more about WSNA-PAC
and make your contribution at
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